THE

HEALTH

OF

HYDE

1964

BOROUGH OF HYDE

WITH THE COMPLIMENTS OF THE

MEDICAL OFFICER OF HEALTH

Public Health Department,
Municipal Buildings,
HYDE.

BOROUGH OF HYDE

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1964

A. S. DARLING, M.B., B.Ch., D.P.H.
Health Department, Municipal Buildings,
Greenfield Street, Hyde.
Tel: HYDe 1381/2 and 2346

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BOROUGH OF HYDE HEALTH COMMITTEE

(31st December, 1964)

Chairman: Alderman B. S. Armitage

His Worship the Mayor: (Councillor W. Cullen)

Councillor H. M. Edwardes-Evans

Mrs. I. G. Jones

Councillor R. G. Mathews

Councillor H. J. Myles

Councillor I. Stopford

Councillor P. Walsh

Councillor H. White

STAFF OF THE BOROUGH OF HYDE HEALTH DEPARTMENT

1964

MEDICAL OFFICER OF HEALTH: A.S. Darling, M.B.,B.Ch., D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR: T. Nicholson

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR: A. Blackhurst

ADDITIONAL PUBLIC HEALTH INSPECTORS:

J. M. Lowe
B. R. Nelson (Resigned 10.2.64)
C. C. Burton (Resigned 31.3.64)
J. E. Williams

CHIEF CLERK: B. Gorman

OTHER CLERICAL STAFF:

H. Norgrove
K. Murphy
Mrs. A. Juby (nee Buttery)
Miss B. Thornley

SMOKE CONTROL ASSISTANT:

B. Selby

HYDE DIVISIONAL HEALTH COMMITTEE
(Cheshire County Council)

Members of the Divisional Health Committee

As on 31st December, 1964

CHAIRMAN
Councillor F. Henshall

DEPUTY CHAIRMAN
County Councillor W. H. Griffiths

EX OFFICIO:	Alderman G. Astbury(Chairman, County Health Committee) Alderman F. McBirnie(Deputy Chairman, County Health Committee)	
COUNTY COUNCIL:	W. H. Griffiths Esq., J. Baldwin, Esq.,	Mrs. M. Bayes E. F. Myles, Esq., Mrs. D. A. Topham
HYDE BOROUGH COUNCIL:	H. Hibbert, Esq., F. Henshall, Esq., Mrs. I. G. Jones G. Billinge, Esq.,	P. Walsh, Esq., I. Stopford, Esq., W. Barton, Esq.,
TINTWISTLE RDC.:	The Rev. T. M. Boultbee	
LONGDENDALE UDC.:	Mrs. E. Broadley	Miss D. E. Green.
CO-OPTED MEMBERS:	Mrs. R. M. Frost, representing Longdendale U.D.C., Mrs. B. A. Beever " Tintwistle R.D.C., Mrs. P. Morris " Divisional Executive for Education. Dr. J.C.B.Bennett " Local Medical Committee Mrs. A. Heaton " District Nursing Assn. Mrs. D. Adamson " Hyde Borough Council Mrs. B. S. Armitage " " " Dr. S. H. Jackson " Ashton,Hyde & Glossop Hospital Management Cttee.	

CLERK TO THE COMMITTEE: Charles E. Spence, Esq.,

STAFF OF HYDE DIVISIONAL HEALTH AND SCHOOL MEDICAL SERVICES OF THE CHESHIRE COUNTY COUNCIL

Divisional Medical Officer and School Medical Officer:	*A. S. Darling, M.B.,B.Ch.,B.A.O.,D.P.H.,	
Assistant County Medical Officer:	Barbara Jones, M.B.,Ch.B.,	
Dental Surgeon:	Miss L. Kippen, L.D.S.,D.P.D.,	
Consultant Anaesthetist:	Dr. C. A. Mays, M.B.,Ch.B.,	
Chief Clerk:	B. Gorman	
Clerical Staff:	Mrs. S. Wilson	Mrs. B. A. Marshall
	Miss J. Newton	Mrs. A. Juby
	Miss M. Givens	Miss B. Thornley (Resigned 28.8.64)
	Miss J.C.Atkins (Commenced 31.8.64)	
Health Visitors/School Nurses:	Miss M. Taylor	Miss D. Wood
	Mrs. J. Beaumont	Mrs. E. M. Lowe
	Miss E. Evans (Resigned 18.1.64)	Mrs. M. Harris (Commenced 24.8.64).
Clinic Nurse:	Mrs. M. Sherratt (Left 12.9.64 to take H. V. Course).	
District Nurses - Hyde:	Miss H. Sutton	Miss G. McLean
	Mr. J.E. Billings	Miss E. Palfreyman (Commenced 1.12.64).
	(Part-time staff in addition).	
District Nurses - Mottram and Brcadbottom:	Mrs. M. Huyton (Died 10.1.64)	Mrs. B. Scott (Commenced 27.4.64).
District Nurse - Hollingworth and Tintwistle:	Mrs. M. A. Clarke	
Midwives:	Miss M. Coote	Mrs. E. Hudson
	Mrs. K.O'Grady	Mrs. M. Williams
	Miss M.M.Todd (Commenced 30.11.64).	
Adult Training Centre Superintendent:	L. S. C. Thorpe	
Junior Training Centre Supervisor:	Mrs. J. Worfolk (Resigned 5.9.64)	Mrs. J. Tomkinson (Commenced 7.9.64)
Domestic Help Supervisor:	Mrs. F. Dobson	

Clinical Specialists attending Clinics in the Division

Orthopaedic Surgeon: ≠ Mr. Wheble, F.R.C.S.,
Gynaecologist: ≠ R. L. Gadd, F.R.C.S.,M.R.C.O.G.,
County Oculist: Dr. F. W. C. Brown, M.D.,Ch.B.,D.P.H.,

Practitioners attending Clinics on Sessional basis:

Parsonage Street	Dr. V. M. Gadd
Bayley Hall	Dr. S. M. Y. Maxwell
Gee Cross	Dr. McCann
Longdendale and Tintwistle	Dr. H. F. Sugden and Dr. R. Clarke
Hattersley	Dr. I. MacPherson

Senior Mental Welfare Officer: G. E. Lanceley

Speech Therapist: Mrs. R. Eaton

Peripatetic Teacher of the Deaf: D. L. Perry

≠ Staff of Regional Hospital Board allocated to specific duties within the Hyde Division.

* Part-time Divisional Health, Part-time Borough Health.

SECTION II

Public Health Department,
Greenfield Street,
Hyde.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Report on the Health of Hyde during 1964.

I must apologise for the late appearance of this report but additional work and shortage of staff during the year have made it impossible to produce it any sooner. My report this year will include a study of the major causes of death during the past nine years with the purpose of trying to find out why Hyde has a death rate that is constantly above the national average. There are also included reports on the Mass Radiography survey and a report on the subject of smoking which is linked to the smoking survey carried out during the visit of the Mass Radiography Unit. I have also discussed the present position regarding fluoridation.

For the benefit of those who have no time to study the tables of figures and the various comments thereon that form the bulk of what I have to say, may I summarise my findings in the next few paragraphs.

1) Our total number of births is up, partly due to the number of new families moving into Hattersley and partly due to a general increase in the birth rate for the population as a whole.

2) Our death rate is slightly down on that for last year but is still 19% above the national average. I have shown that this difference is not a flash in the pan but is one that has been maintained for both sexes over the past nine years. This excess death rate is not however peculiar to Hyde but is shared both in extent and in detail by the rest of the conurbation of which Hyde is only a small part. An attempt has been made to pick out the diseases largely responsible for this excess death rate and some of the reasons that may lie behind this excess number of deaths have been discussed.

3) The Mass Radiography Survey for 1964 is included. It shows that our higher incidence of tuberculosis first noted in 1961 was still present in 1964. The matter is discussed in greater detail in the body of the report. It is hoped, that because of this higher incidence the Unit may be able to return to Hyde either in 1966 or 1967.

4) An extra feature of the visit of the Mass Radiography Unit was a survey carried out of the smoking habits of those attending for a chest X-ray. The resulting figures are discussed in detail and an attempt has been made to relate them to some of the diseases that are prevalent in our area. Some comments concerning the tobacco industry and its present policy of continued advertising are also included.

5) At the moment Hyde, though anxious to adjust the level of fluoride in its drinking supply to the level that Nature has shown us to be essential for health, is being denied this right by the action of a neighbouring authority. The validity of this behaviour is discussed and reasons are given for regarding the action of this neighbouring authority as being "irresponsible". The Corporation is recommended to press for fluoridation in the Hyde supply.

CONCLUSION

May I again thank the Chairman and the Members of the Public Health Committee for their keen and active interest in all matters dealing with public health. It is indeed a pleasure to work in a community where these matters are given full consideration by all concerned. My thanks are also due in full measure to Mr. Nicholson and his staff for their loyal co-operation and to the Chief Clerk and all under him.

I am, Ladies and Gentlemen,

Yours faithfully,

A. S. DARLING

Medical Officer of Health

SECTION III

GENERAL STATISTICS

Area (in acres)	4,195
Population (Census 1961)	31,740
Population (Registrar-General's Estimates for 1964)....	35,380
Number of Inhabited Houses as at 31st December, 1964...	11,681

POPULATION

It will be noted that the additional numbers moving into Hattersley have for the first time made an appreciable difference in our population total. In mid-1964 our population was estimated at 35,380 which figure may be compared with 32,350 in 1963 and 31,741 in 1961. The 1961 census figures with the 1951 table follow.

Census 1961

Hyde MB

Age Group	Males	Females	Total
0 - 4	1,125	1,140	2,265
5 - 9	1,067	1,047	2,114
10 -14	1,262	1,255	2,517
15 -19	1,084	1,113	2,197
20 -24	813	885	1,698
25 -29	861	827	1,688
30 -34	934	916	1,850
35 -39	1,060	1,111	2,171
40 -44	1,078	1,118	2,196
45 -49	1,103	1,163	2,266
50 -54	1,120	1,291	2,411
55 -59	1,046	1,061	2,107
60 -64	763	1,092	1,855
65 -69	657	955	1,612
70 -74	469	844	1,313
75 -79	278	593	871
80 -84	154	270	424
85 -89	51	102	153
90 -94	8	20	28
95 +	-	5	5
Totals	14,933	16,808	31,741

Census 1951

Hyde MB

Age Group	Males	Females	Total
0 - 4	1,259	1,260	2,519
5 - 9	1,100	1,103	2,203
10 -14	880	862	1,742
15 -19	749	779	1,528
20 -24	783	897	1,680
25 -29	1,021	1,156	2,177
30 -34	1,063	1,071	2,134
35 -39	1,145	1,223	2,368
40 -44	1,228	1,335	2,563
45 -49	1,144	1,187	2,331
50 -54	973	1,268	2,241
55 -59	931	1,171	2,102
60 -64	784	1,077	1,861
65 -69	670	985	1,655
70 -74	522	720	1,242
75 -79	282	448	730
80 -84	107	193	300
85 -89	34	69	103
90 -94	5	10	15
95 +	-	-	-
Totals	14,680	16,814	31,494

LIVE BIRTHS REGISTERED

Legitimate ...	...Males 325	Females...	...316	Total 641
Illegitimate	...Males 19	Females...	... 14	Total 33
				674

Crude Birth Rate...Hyde 19.05 England and Wales... 18.4
Comparability Factor ... 1.10
Local adjusted Birth Rate ... 20.96

STILLBIRTHS

Legitimate...	...Males 2	Females...	... 2	Total 4
Illegitimate	...Males -	Females...	... 1	Total 1
				5

The number of live births registered during 1964 was 93 more than the number recorded in the previous year; 154 more than the average of 520 for the previous five years.

LOCATION OF BIRTHS

The following table indicates the location of births during the period 1958 - 1964:-

No. born in	1958		1959		1960		1961		1962		1963		1964	
		%		%		%		%		%		%		%
(a) Dwelling Houses	129	28	151	30	154	31	143	29	172	32	178	31	227	34
(b) Maternity Homes and Hospitals	337	72	343	70	340	69	357	71	373	68	403	69	440	66

DISCUSSION ON BIRTH RATE

The increase in our population has been helped not only by immigration but also by a general increase in the crude birth rate to 19.05 per thousand of the population. In 1964 the number of live births recorded was 674 of which 81 were to Hattersley mothers. This is a 55% increase on the 500 births recorded in 1961 and even more than the 661 recorded in the "bulge year" of 1947. In fact one has to go back for exactly 50 years to 1914 before finding a greater number of births at 689. There is however still some way to go before the record set up in 1902 is broken, for in that year a population of 33,048 produced a total of 858 live births - a crude birth rate of 25.96!

DEATHS REGISTERED

Males 238 Females 279 Total 517

Death Rate: Hyde 14.61 England and Wales: 11.3

Comparability Factor: 0.97

Local adjusted Death Rate: 14.17

The total number of deaths registered at all ages was 517 giving a crude death rate of 14.61 per 1,000, compared with the average figure of 14.49 for the previous five years. For comparative purposes with other areas this rate - adjusted by using the comparability figure supplied by the Registrar General - is 14.17 per 1,000 population as against 11.3 for the whole country.

Approximately 69 per cent of the deaths occurred in persons over pensionable age, the actual figures being

	M		F	
	No.	%	No.	%
Deaths under 65 years of age ...	92	38%	70	25%
Deaths between 65 and 74 years of age...	63	27%	61	25%
Deaths 75 years and over ...	83	35%	140	50%
Totals	238	100%	279	100%

The number of infants who died under the age of 12 months was 19 revealing an infant mortality rate of 28.40 per 1,000 births compared with the national figure of 20.0. There were 5 still-births during the year giving the still-birth rate of 7.5 per 1,000, as against the national figure of 16.4. As an indication of the risk of child-birth it is useful to consider the peri-natal mortality, i.e. still-births plus infant deaths in the first week of life. With this standard the Hyde figure is 28.4 per 1,000, as compared with 28.2 per 1,000 births for the country as a whole.

DISCUSSION ON DEATH RATE

As would be expected from our bigger population the number of deaths at 517 is also up on the previous years, though the actual death rate is slightly lower, at 14.17 per thousand compared with 14.39 in 1963. The rate of 14.17 per thousand is arrived at by applying a correction factor to the crude death rate of 14.61. This correction takes into account differences in age structure from one area to another and, in the case of Hyde, also takes into account the presence of a geriatric hospital and two old peoples' homes in our midst. This corrected figure may be compared directly with the corrected figures for other areas and with the death rate for England and Wales as a whole.

In 1964 the national rate was 11.3 so Hyde has again sustained more deaths than would have been expected by a like population living in more favourable circumstances. This, unfortunately, is a regular finding, not only in Hyde, but throughout the conurbation of which Hyde is a part. Hyde's corrected death rate when averaged over the past nine years has maintained a ratio to the national death rate of 1.19. How this figure compares with the other regions is shown in the following table:-

Table I

Region	Ratio of $\frac{\text{Local Death Rate}}{\text{National Death Rate}}$
Southern	0.94
Eastern	0.94
Greater London	1.01
Merseyside	1.16
S.E. Wales	1.17
S.E. Lancs & N.E. Cheshire	1.18
Tyneside	1.19
Hyde	1.19

It can be seen that we are not alone in our trouble, if that is any consolation, and there is little doubt that the industrial areas of the North and West have a problem on their hands.

That certain areas of our country should be condemned year after year to a mortality some 25% above that enjoyed by the most favoured areas is a fact that requires some explanation - if there is one available. Such an enquiry might begin with a breakdown of the local deaths into their different causes to enable us to pick out some of the diseases that have played a major part in boosting our death rate to its high position. To enable an exact comparison to be made with other areas demands figures that are not yet available but a study of the crude death rates over the past nine years of the major causes of death does enable us to notice that deaths from certain diseases are more numerous in Hyde and other industrial areas of the North West than in the country as a whole.

Before looking at our death rates from various causes it is important to know the background of population against which they are to be viewed. Tables from the 1951 and 1961 census reports are printed on pages 7 and 8 and they give in detail our population structure by age and sex in those two years. It can be seen that our total population during those ten years remained almost static and that changes within the totals were not great. Table II provides a summary, and compares our population structure with that of England and Wales.

Table II

	0-14		15-24		25-44		45-64		65-74		75 +		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hyde Population 1951	3239	3225	1532	1676	4457	4785	3832	4703	1192	1705	428	720	14,680	16,814
Hyde Population 1961	3454	3442	1897	1998	3933	3972	4032	4607	1126	1799	491	990	14,933	16,808
Age groups as percentages of 1951 population	22.1	19.1	10.4	10.0	30.4	28.5	26.1	28.0	8.1	10.1	2.9	4.3	100	100
Age groups as percentages of 1961 population	23.2	20.5	12.8	11.9	26.3	23.6	26.9	27.4	7.5	10.7	3.3	5.9	100	100
Age groups of population of Eng. & Wales as percentages	24.1	21.3	15.1	14.0	27.1	25.1	24.0	25.2	6.5	8.7	3.2	5.7	100	100

Compared with England and Wales as a whole, we have slightly fewer children and a lower proportion of young adults (those aged 15 to 24) balanced by a slightly higher proportion of those aged 45 and over. This suggests that young people as they leave school and begin to set up homes are tending to drift away from Hyde. The older folk remain and their tendency to live longer can be seen by the increase in numbers of those aged 75 and over. As it is in those aged 45 and over that the great bulk of deaths occur, a slightly higher proportion of 45's and over will tend to give us a slightly higher death rate on that account alone. This difference in age structure has of course been taken into account already in correcting the overall death rate but it should be borne in mind when comparing our uncorrected death rates from various specific causes with similar rates in other areas.

Over the past nine years 1956 to 1964 inclusive the Hyde population has averaged 32,237. Of this total the male proportion has varied from under 47% to over 47% but a probableaverage is 47.2%, giving us 15,215 males and 17,022 females. These figures of 15.2 thousand males and 17.0 thousand females form the basis of the calculations that follow.

A STUDY OF THE MAJOR CAUSES OF DEATH 1956-1964

During the nine years 1956 to 1964, Hyde lost 2089 males and 2,062 females. The combined death rate per thousand per annum is 14.3 which when multiplied by a correction factor of 0.97 gives us a corrected death rate of 13.9. This figure exceeds the national average over a similar period by 19%. Similar calculations for males and females separately, give us corrected death rates for the male of 14.9 and for the female of 13.1, both of which exceed the national average by 19%. Thus the women of our population play their part in the production of our overall excess death rate.

Of the male total of 2,089 deaths 78% (1641) can be listed under six broad headings and of the female total of 2062, 77% (1590) can be grouped under the same six headings. Table III gives the figures as actual numbers and as percentages of the total deaths. The rates, expressed this time as per million per annum, are also recorded and compared with the comparable national figure for each group of disease.

Table III

Cause of death	Male		Female		Male death rate per million per annum		Female death rate per million per annum	
	Nos.	%	Nos.	%	Hyde	Eng.& Wales	Hyde	Eng. & Wales
Heart (All forms)	635	30	635	31	4642	4043	4150	3586
'Strokes'	289	14	371	18	2113	1405	2425	1909
Other forms of circulatory diseases	88	4	106	5	643	355	693	418
Sub totals	1012	48	1112	54	7398	5945	7268	5912
Cancer all forms	373	18	313	15	2727	2391	2046	1943
Bronchitis	173	8	81	4	1264	861	529	316
Pneumonia	83	4	84	4	607	556	549	541
Totals	1641	78	1590	77	11996	9753	10392	8712

In Table IV the deaths from heart disease have been divided into two main groups "Coronaries" and "Others" and four of the main types of cancer have been shown separately. In this table the death rates are compared not only with England and Wales but also with rates prevailing in two other areas. (1) Greater London which has a population of over 8 million and (2) Rural districts which have a combined population of over 9 million. 1960, the mid-year of the nine years under study in Hyde, has been taken for these areas as providing the fairest comparison. Greater London is highly urbanised and industrialised but not in so concentrated a form as in our own conurbation and the difference this produces in death rates from some diseases is clearly shown. The rural districts with their relative absence of urbanisation and industry have the most favourable overall death rate, which is shown in the majority of the individual causes of deaths listed. For the purposes of this comparative study only, their rates can be taken as a basic minimum.

In the two histograms, figs. 1 and 2, that help to show the death rates in visual form, Hyde's rates which are the worst, are compared with the rural districts which are the best.

Fig. 1.

Male death rates (per million) comparing Hyde's average over the nine years 1956-1964, with the year 1960 in the rural districts.

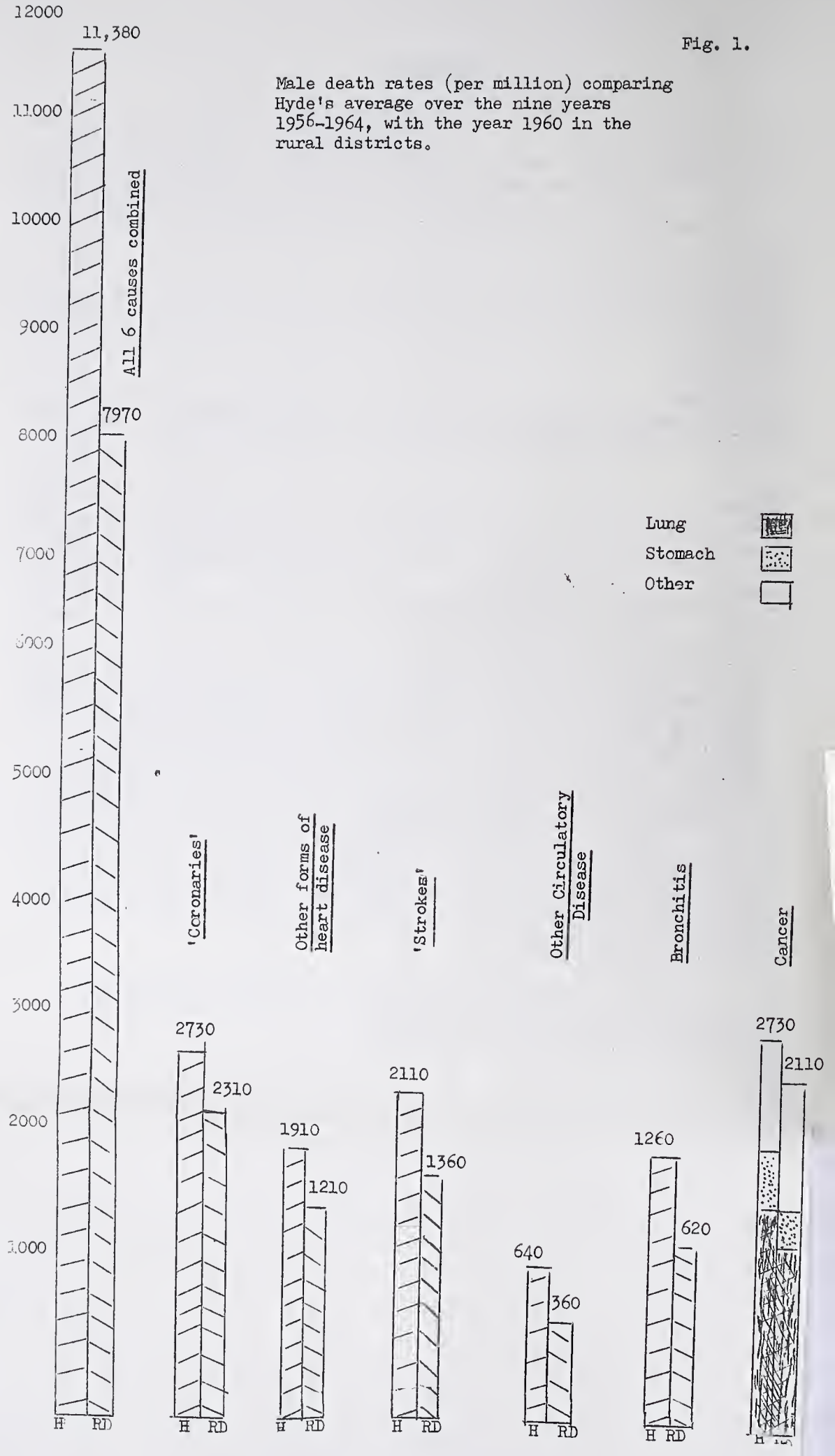

Fig. 2

Female death rates (per million) comparing Hyde's average over the 9 years 1956-1964 with 'rural districts' in 1960.

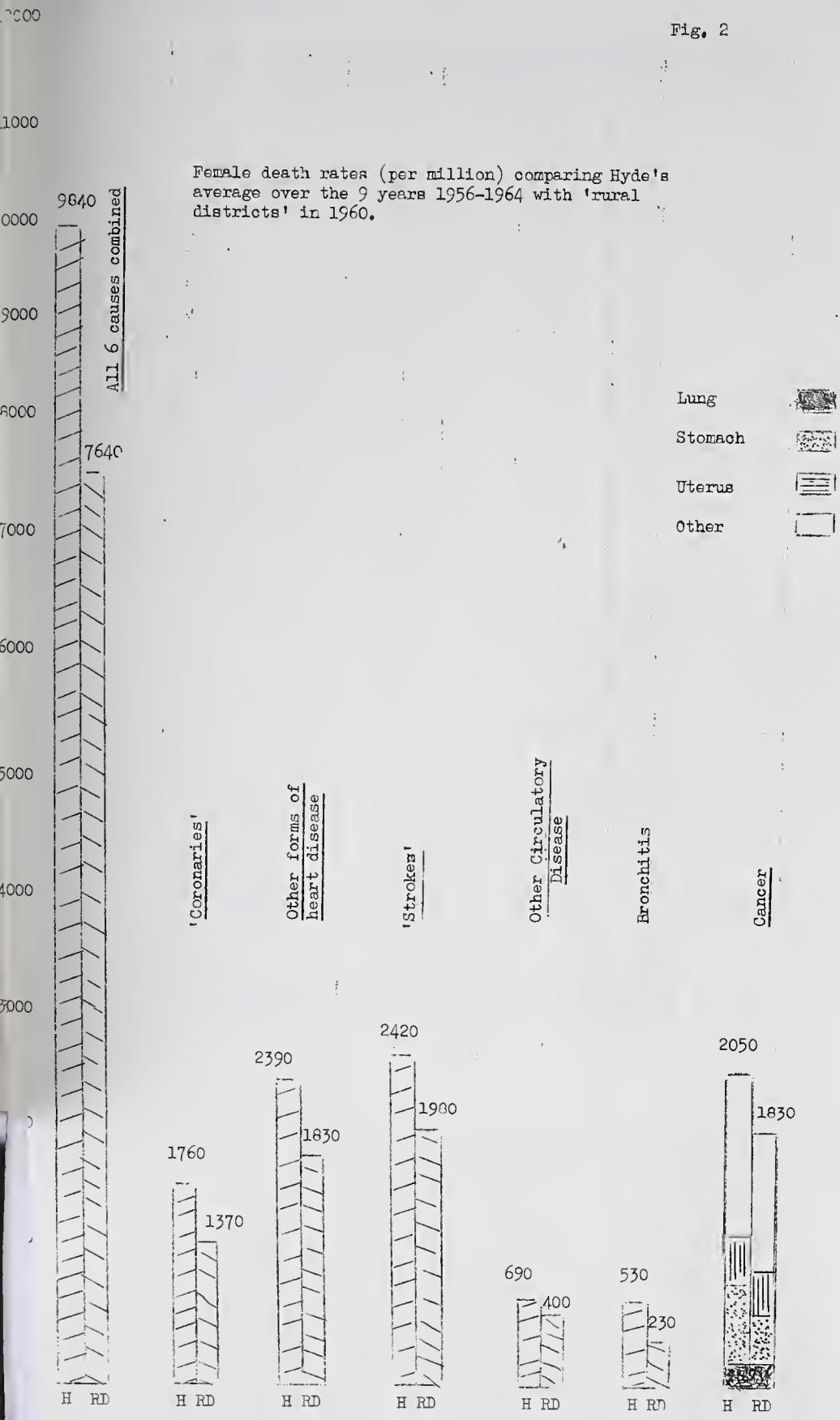

Table IV

Cause of Death	Nos. in HYDE 1956 - 1964		Male death rates per million per annum				Female death rates per million per annum.			
	M	F	Hyde 1956-64	Eng. & Wales 1960	Greater London 1960	Rural Dists. 1960	Hyde 1956-64	Eng. & Wales 1960	Greater London 1960	Rural Dists. 1960
'Coronaries'	374	269	2730	2550	2550	2310	1760	1500	1480	1370
All other 'hearts'	261	366	1910	1540	1120	1210	2390	2090	1690	1830
'Strokes'	289	371	2110	1400	1020	1360	2420	1910	1550	1980
Other Circulatory Disease	88	106	640	350	370	360	690	420	460	400
Bronchitis	173	81	1260	860	950	620	530	320	360	230
All forms of CANCER	373	313	2730	2400	2670	2110	2050	1940	2060	1830
Totals	1558	1506	11380	9100	8680	7970	9840	8180	7600	7640
LUNG CANCER	142	16	1040	860	1080	630	110	130	190	100
STOMACH "	71	55	520	360	340	330	360	260	250	240
UTERINE "		32	-	-	-	-	220	170	150	150
BREAST "		52	-	-	-	-	340	382	425	372

In these tables and figures the Hyde rates are crude ones which have not been reduced by the application of a comparability factor. The difference involved would only be small and the main comparisons remain unaffected.

A study of the above tables and figures shows that in Hyde cardio-vascular disease causes just under half of our male deaths and just over half of our females deaths. In all aspects of this broad group of troubles we have death rates definitely above the national average and well above the basic minimum. In the male, deaths from cancer compare badly with the best and the excess is entirely due to our high rates for lung cancer and stomach cancer. Our bronchitis rate for males exceeds the national figure by 50% and the basic figure by just over 100%. In the female, cancer deaths are also up, due to excess rates of stomach cancer and uterine cancer. The low rate for lung cancer in Hyde women should be noted. Bronchitis in Hyde women however, far exceeds the national figure and is more than 100% above the rural basic minimum. Even so it should also be noted that the figure is much lower than in the men.

One other factor worth noting is the high infant mortality rate prevailing in the conurbation which is nearly 50% above the national figure. In this as in the other troubles Hyde is no exception to its fellows.

Discussion of Mortality Figures

To know the fact that in certain diseases we have death rates that are unduly high is one thing - to give the reasons for this is quite another and one can only look at some of the possible explanations.

Our greatest departure from the "best" is to be found in our bronchitic figures and here we are not entirely in the dark as to the causes. The first observation to be made is that bronchitis in the male not only kills more than two men for every one woman but it also kills them at a much earlier age. In this conurbation 35% of the male bronchitic deaths were under 65 years compared with only 20% of the much smaller female total. Between the ages of 45 and 65 the ratio of male to female bronchitic deaths is almost 4 to 1. The greatest factor in early disability and untimely death in bronchitis is the cigarette. Male smokers in the population as a whole out-number females by only 3 to 2 but in the older age groups (55 +) male smokers out-number female smokers by 3 to 1 and in those aged 65 + by 5 to 1. Also the male smokes more and more of the men inhale deeply. In fact in those aged 55 and over, heavy smokers of cigarettes in males out-number the heavy smoking female by 10 to 1. Here then is one of the factors at work in causing the sex difference and in any study of bronchitic disease between the ages of 45 and 65 the cigarette will be found to be the supreme factor. But the cigarette does not explain the very high level of bronchitic deaths in Hyde women, for at the ages at which these deaths occur the great majority of the women concerned are probably non-smokers. Though coming at a much later stage in their lives than in the males, bronchitis is much more prevalent in our area than in the women of England as a whole and in particular than in the women who live in rural districts. Even in the London area the female death rate from bronchitis is only about two thirds that of the Hyde figure. Here, obviously, another factor or factors are at work, and this factor will also contribute to the Hyde male mortality. Urbanisation with a high level of smoke pollution is one of those factors and a close correlation can be drawn between the density of housing and the level of bronchitis. In the Hyde area many have been living in homes built to a density of 35 to 40 per acre. This means the same number of chimneys

emitting low-level black smoke from open coal fires. The average concentration of smoke in those areas expressed as microgrammes per cubic metre of air will vary from 300 to 600 in the winter months to 70 to 120 in summer. Smoke, particularly in damp climates, is a potent bronchial irritant; as is the dampness itself, even when the air is free from smoke pollution. The quality of the housing in these areas is poor and for the majority the toilet is placed outside. The house will almost certainly suffer from rising damp and possibly penetrating damp as well.

One other factor that is noticeable when visiting the homes of elderly female bronchitics who require ground floor accommodation because of their respiratory weakness, is that almost without exception these respiratory cripples have in the past worked in the dustiest departments of the cotton mills. I have no doubt that conditions have improved vastly since those days of 30 to 60 years ago but there seems little doubt that the dust and fumes of certain industrial processes add yet one more threat to the integrity of our lungs.

Though many different factors play their part in the establishment of chronic bronchitis a fairly clear picture is beginning to emerge of the background in which we can expect to find a high number of bronchitics. The most likely candidate for an untimely end from bronchitis will be found living in the humid climate of the North West. He will spend his working day in one of our dustier industries and his home will be in the over populated twilight housing still to be found everywhere in our conurbation. His chimney will join with its many neighbours in pouring out at low level a stream of black smoke from an open coal fire. His house will be damp and his bedroom will be cold. His toilet will be outside. Above all else he will be a smoker of cigarettes.

This potted biography of a passing bronchitic takes into account most of the factors that we know are associated with the development of chronic bronchitis and suggests some of the actions needed. We cannot change our climate but we can clean up our air. We cannot change our constitutions but we can improve or replace our homes so that all will be housed in buildings that remain warm and dry even in the worst of weather. The unheated, draughty, outside toilet is a money spinner for the undertaker. Hyde still has several thousands of these toilets of which some 2,000 are still without a cistern flush. Surely it is not too much to ask that homes that cannot be provided with an indoor toilet should be considered for replacement rather than improvement.

Another possible by-product of our high incidence of bronchitis is to be seen in our high level of deaths from degenerative heart disease and "strokes". From many years active work in a chest clinic and also as a Medical Officer of Health, I have come to realise that the terminal heart failure in a patient whose lungs can no longer provide enough oxygen for his blood, will often appear on the death certificate as the sole cause of death. The damaged lungs which are the primary cause will often not be mentioned. This factor will also play a part in the increase of deaths ascribed to coronary thrombosis.

Regarding "strokes" one is not on such firm ground. Our deaths from high blood pressure are not above the national level and it is tempting to think that given the same amount of ageing in the cerebral blood vessels the man with a chronic cough will be more likely to produce a cerebral haemorrhage than will the man without a cough. Thus again our chronic bronchitis could be responsible for more deaths than it would first appear. Against this suggestion is the fact that in the greater London area where the incidence of bronchitis is above the national average the incidence of "strokes" is unusually low. Perhaps our high level of "strokes" is after all to be linked with our high level of arteriosclerosis as recorded under the heading "Other Circulatory diseases". There is some evidence linking inversely the degree of hardness of the water supply with the incidence of arteriosclerosis. The incidence of such disease is said to be lower in areas with a "hard" water supply such as London and higher in the "soft" water areas. Ours is very much a soft water supply and this may well account for at least some of the excess number of deaths noted under the headings "strokes",&"other circulatory disease". There is also the problem of terminology on the death certificate. Arterial changes begin in the early months of life and progress steadily as the years pass by. Whether or not the word "arteriosclerosis" should appear as the ultimate cause of death on a certificate is the responsibility of the doctor but the disease process is so universal a part of the natural ageing process that in some areas I am sure the word is often omitted on the death certificate. In such cases only the final result, for example, "cerebral thrombosis" or "myocardial degeneration", is given.

Much of this I admit is only speculation but the facts remain. We have a death rate that is 19% above that for England and Wales and some 25% above that in the rural areas of our country. We share this unenviable distinction with the rest of our conurbation. Much of our excess death rate may be attributed to the cardio vascular group of diseases and the remainder to bronchitis, lung cancer and stomach cancer and to a lesser extent to uterine cancer and a high infant mortality rate. Some of the trouble obviously stems from our very high degree of urbanisation with its resulting gross atmospheric pollution. Part of our trouble may be attributed to the industrial processes that produce harmful dusts and fumes. A further part of our trouble may well be due to our damp climate and to the softness of the water supply. The part played in our overall mortality by cigarette smoking is discussed in much more detail in the report of the smoking survey carried out during the visit of the Mass Radiography Unit. Recommendations that should stem from these findings are obvious. Substandard housing should be replaced as quickly as possible and atmospheric pollution should be abolished just as quickly. The elimination of dust and fumes in industry should be pressed to vanishing point. Above all else, as a community we should cease to indulge in the habit of smoking cigarettes.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1964 IN THE MUNICIPAL BOROUGH OF HYDE

	CAUSE OF DEATH - MALES	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS 1-	5-	15-	25-	35-	45-	55-	65-	75 and over
1	Tuberculosis, Respiratory	1	-	-	-	-	-	-	-	1	-	-	-
3	Syphilitic Disease	-	-	-	-	-	-	-	-	-	-	-	-
10	Malignant Neoplasm, Stomach	7	-	-	-	-	-	-	-	-	3	3	1
11	Malignant Neoplasm, Lung, Bronchus	19	-	-	-	-	-	-	1	1	7	6	4
12	Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	-	-	-
14	Other Malignant and Lymphatic Neoplasms	14	-	-	-	-	1	-	1	1	3	4	4
15	Leukaemia, Aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-
16	Diabetes	1	-	-	-	-	-	-	-	-	1	-	-
17	Vascular Lesions of Nervous System	38	-	-	-	-	-	-	1	1	7	14	15
18	Coronary Disease, Angina	56	-	-	-	-	-	-	1	9	10	20	16
19	Hypertension with heart disease	1	-	-	-	-	-	-	-	-	-	1	-
20	Other Heart Disease	16	-	-	-	-	-	-	-	-	1	4	11
21	Other Circulatory Disease	9	-	-	-	-	-	-	-	-	1	1	7
22	Influenza	1	-	1	-	-	-	-	-	-	-	-	-
23	Pneumonia	5	-	-	-	-	-	-	1	-	-	1	3
24	Bronchitis	21	-	-	-	-	-	-	-	3	8	4	6
25	Other Diseases of Respiratory System	5	-	-	-	-	-	-	-	-	1	1	3
26	Ulcer of Stomach and Duodenum	2	-	-	-	-	-	-	1	-	-	-	1
27	Gastritis, Enteritis and Diarrhoea	2	-	-	-	-	-	-	-	-	1	-	1
28	Nephritis and Nephrosis	1	-	-	-	-	-	1	-	-	-	-	-
29	Hyperplasia of Prostate	1	-	-	-	-	-	-	-	-	-	1	-
31	Congenital Malformations	7	6	-	-	-	-	-	-	-	-	-	1
32	Other Defined and Ill-Defined Diseases	18	2	-	-	2	-	-	-	1	3	3	7
33	Motor Vehicle Accidents	4	-	-	-	1	1	2	-	-	-	-	-
34	All Other Accidents	3	-	-	1	-	-	-	-	-	-	-	2
35	Suicide	6	-	-	-	-	-	2	1	2	-	-	1
36	Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-
	Total all Causes	238	8	1	1	3	2	5	7	19	46	63	83

	CAUSE OF DEATH - FEMALE	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS 1-	5-	15-	25-	35-	45-	55-	65-	75 and over
1	Tuberculosis, Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
3	Syphilitic Disease	1	-	-	-	-	-	-	-	-	-	1	-
10	Malignant Neoplasm, Stomach	11	-	-	-	-	-	-	-	1	6	2	2
11	Malignant Neoplasm, Lung, Bronchus	3	-	-	-	-	-	-	-	1	1	1	-
12	Malignant Neoplasm, Breast	2	-	-	-	-	-	-	1	-	1	-	-
13	Malignant Neoplasm, Uterus	4	-	-	-	-	-	-	1	1	1	1	-
14	Other Malignant and Lymphatic Neoplasms	12	-	-	-	-	-	-	-	3	2	5	2
15	Leukaemia, Aleukaemia	1	-	1	-	-	-	-	-	-	-	-	-
16	Diabetes	3	-	-	-	1	-	-	-	-	-	1	1
17	Vascular Lesions of Nervous System	54	-	-	-	-	-	-	-	1	5	17	31
18	Coronary Disease, Angina	55	-	-	-	-	-	-	-	3	6	17	29
19	Hypertension with Heart Disease	6	-	-	-	-	-	-	-	-	3	1	2
20	Other Heart Disease	31	-	-	-	-	-	-	1	2	1	4	23
21	Other Circulatory Disease	15	-	-	-	-	-	-	-	-	1	3	11
22	Influenza	1	-	-	-	-	-	-	-	-	-	1	-
23	Pneumonia	10	1	-	-	-	-	1	-	-	-	3	5
24	Bronchitis	12	-	-	-	-	-	-	-	-	1	6	5
25	Other Diseases of Respiratory System	1	-	-	-	-	-	-	-	-	-	-	1
26	Ulcer of Stomach and Duodenum	1	-	-	-	-	-	-	-	-	-	-	1
27	Gastritis, Enteritis and Diarrhoea	3	-	-	-	-	-	-	-	-	1	-	2
28	Nephritis and Nephrosis	1	-	-	-	-	-	-	-	-	1	-	-
31	Congenital Malformations	4	2	-	-	-	1	-	-	-	-	1	-
32	Other Defined and Ill-Defined Diseases	37	5	-	-	-	-	-	1	2	3	5	21
33	Motor Vehicle Accidents	1	-	-	-	-	1	-	-	-	-	-	-
34	All Other Accidents	5	-	1	-	-	-	-	-	-	-	-	4
35	Suicide	4	-	-	-	-	-	-	-	1	3	-	-
36	Homicide and Operations of War	1	-	-	-	-	-	-	-	-	1	-	-
	Total all Causes	279	8	2	-	1	2	1	4	15	37	69	140

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

Number of Deaths:
Legitimate... ... 19
Illegitimate ... -

Deaths per 1,000 Births:
Hyde 28.40
England & Wales 20.00

Deaths of Infants under 4 weeks of age:
Legitimate... ... 16
Illegitimate ... -

INFANTILE DEATHS, 1964

CAUSES OF DEATH AMONG INFANTS	AGE											Total
	1st Four weeks				1st Three months			The Four Quarters				
	0 - 1	2	3	4	*0 - 1	2	3	*0-1	2	3	4	*0 - 1
Atelectasis	-	-	-	-	-	-	-	-	-	-	-	-
Maldevelopment	6	1	1	-	8	-	-	8	-	-	-	8
Prematurity	4	-	-	-	4	-	-	4	-	-	-	4
Pneumonia	-	-	-	-	-	1	-	1	-	-	-	1
Cerebral Haemorrhage	-	-	-	-	-	-	-	-	-	-	-	-
Erythroblastosis	1	-	-	-	1	-	-	1	-	-	-	1
Other Causes	2	-	-	-	2	1	-	3	2	-	-	5
												19

*THIS COLUMN INCLUDES ALL DEATHS IN PRECEDING COLUMNS.

SECTION IV

M.M.R. SURVEY

During 1964 the Mass Radiography Unit revisited the Hyde area during April and the first week of June. This visit was after an interval of only three years instead of the customary four. The reason for the shorter interval was that in 1961, on a previous visit to Hyde, the same unit found a higher than normal incidence of tuberculosis cases requiring treatment. A copy of the 1964 report, supplied by Dr. Rimington, the Medical Director of the Unit, is included.

Dr. Rimington refers to the fact that a high incidence of pulmonary tuberculosis cases was discovered. In the table that follows I have broken down the figures so as to show the number of cases occurring in those under the age of 45 and those over the age of 45.

Cases of active and near-active pulmonary tuberculosis
discovered during the 1964 survey in the Hyde area,
(factory groups and general public combined)
England and Wales figures for 1963 given for comparison

Area	Under 45 years				Over 45 years			
	No. of Cases		Per 1000 X-rayed		No. of Cases		Per 1000 X-rayed	
	M	F	M	F	M	F	M	F
Hyde 1964	5	4	1.3	1.2	12	3	5.2	1.6
E & W. 1963	679	282	0.85	0.6	406	61	1.0	0.45

It will be seen that our excess number of cases came mainly from the men over 45 but that when our other figures, which are small, are compared with those for England and Wales as a whole, we still have an incidence that compares unfavourably with the rest of the country. It should be noted that because the Hyde figures are so small, chance variation could well account for some of the differences but in view of the fact that a similar high incidence was found in 1961 we must accept the unpalatable fact that we have more tuberculosis cases in our midst than we ought. Chronic tuberculosis today is mainly a disease of the older men and it is they who form what has been called the natural reservoir of infection. In most of them, their cough is attributed to either bronchitis or to smoking and the sputum they expectorate is attributed to the same innocent causes. Even though not aware that they are ill they are capable of infecting their neighbours, whether at work or at play. If at their place of work they happen to share a room with a large number of others, they can in time infect every member of that closed community. The large workshop is more likely to contain one or more chronic cases of tuberculosis than is the smaller workroom and is therefore a greater hazard unless particular care is taken to find and treat all active cases of pulmonary tuberculosis. In these days when treatment is so successful and can

often be carried out whilst the patient is still on his feet and even at work, there is no excuse for any failing to take advantage of the presence of the M.M.R. unit. It is to be hoped that when the unit returns, as it hopes to do either in 1966 or 1967, that we shall obtain a 100% response, particularly from our larger industries.

Removal of the infecting source by detection and adequate treatment is one line of attack. The other approach is to use B.C.G. vaccine to protect the non-infected by raising their resistance. This is most effective - but only when it is used. At the moment it is official policy only to offer the vaccine, generally, late in school life. At this age of 13, one in twelve are already infected. For them the vaccine has come too late. Of the others many opt out - they don't want a prick or they could not care less. As a result about 1/3 of our new generation is leaving school unprotected ready to become infected and to perpetuate the reservoir of infection. The proper use of B.C.G. vaccine is to give it in the first days of life to all babies. Revaccination at 13 could then be done as a further insurance but as 90% would still be immune, this would not involve many.

REPORT ON THE SURVEY OF HYDE

The Mass Radiography Unit revisited the Hyde area between the 2nd April and 8th June, 1964. This visit was made after an interval of three years, instead of the usual four, because of higher than normal incidence of tuberculosis cases requiring treatment found during the visit made between February, and April, 1961.

During the visit, the Unit set up at the following premises:-

Imperial Chemical Industries (Hyde), Ltd.,
J. Pattreiouex Limited,
United Co-operative Dairies Limited.,
Ashton Bros., Dtd., (Throstle Bank Mill),
Ashton Bros., Ltd., (Carrfield Mill),
F. W. Ashton and Co. Ltd.,
Spruce Footwear Ltd.,
J. Whittle (Slippers) Ltd.,
Redfern's Rubber Works,
J. North and Co. Ltd.,
T. Wall and Son Ltd.,
Newton Mill Ltd.,
J. Adamson and Co., Ltd.,
Ashton Bros., (Providence Mill),
High Peak Shoes Ltd., Hollingworth,
Welfare Clinic, Hollingworth,
County Primary School, Hattersley,
Central Methodist Sunday School, George St., Hyde

Employees from numerous other firms attended the Unit at one or other of these Centres. A programme of open public sessions, including evening sessions, was arranged at Hollingworth, Hattersley, and at the Central Methodist Sunday School. Unfortunately the programme at the latter centre had to be interrupted, and completed at the Public Health Department, Greenfield Street. These sessions were widely publicised by announcements in the press, by posters and leaflets distributed to households.

In accordance with the Board's policy, children under fifteen years of age, and expectant mothers were not X-rayed.

The results of the Survey are summarised in the following tables. Table I was compiled from figures supplied by the General Register Office based on a ten per cent sample of the record cards completed during the Survey. Whilst not being strictly accurate in detail, the figures give a reasonably correct indication of the age and sex distribution of the examinee groups. The figures in the remaining tables have been taken from the individual record cards, and are accurate.

TABLE IV (CONT'D)

	14 & under		15 -		20 -		25 -		35		45		55		60		65 plus		All Ages		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Brought forward:			1	4	3	1	7	5	13	8	13	4	11	11	7	9	3	3	58	45	103
Spontaneous pneumothorax			-	1															-	1	1
Pleural thickening									1	-	-	1	2	-			2	3	5	4	9
Pleural effusion													1	-					1	-	1
Abnormalities of diaphragm									1	1	2	3			-	1	-	1	3	6	9
Miscellaneous									1	-	1	-	1	2					3	2	5
Total			1	5	3	1	7	5	16	9	16	8	15	13	7	10	5	7	70	58	128
Failed to attend for further investigation							1	-	1	-	4	1	2	-			-	2	8	3	11

TABLE IV
Non-Tuberculous Cases

	14 & under		15 -		20 -		25 -		35 -		45 -		55 -		60 -		65 plus		All Ages		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Malignant Neoplasms											1	-	1	-	1	-	1	-	4	-	4
Non-malignant Neoplasms			-	1			-	1	1	-	2	-	1	1	2	-			6	3	9
Lymphadenopathies							1	-	1	-									2	-	2
Sarcoidosis							2	-	-	2									2	2	4
Congenital cardiac, abnormalities			-	3					1	-	1	-							2	3	5
Acquired cardiac abnm's							-	1	1	1	1	-	1	6	-	4	1	1	4	13	17
Pneumoconiosis without PMF									1	-			1	-					2	-	2
Congenital abnormalities of bony thorax & soft tissues							-	1					1	1					1	2	3
Acquired abnormalities of bony thorax & soft tissues									2	-			2	-	1	-			5	-	5
Congenital malformations of lungs															1	-			1	-	1
Bacterial & virus infections of lungs			1	-	2	1	2	2	5	5	4	2	2	2	1	2	1	1	18	15	33
Bronchiectasis							1	-			2	1							3	1	4
Emphysema							1	-											1	-	1
Fibrosis					1	-			1	-	2	1	2	1	1	3	-	1	7	6	13
Carried Forward:			1	4	3	1	7	5	13	8	13	4	11	11	7	9	3	3	58	45	103

SECTION IX
INFECTIOUS DISEASES

The figures given in Tables 1 and 2 reveal the number of cases of infectious disease among the population.

TABLE 1

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1964

Notifiable Diseases	Under 1 year	1	2	3	4	5 to 9	10 to 14	15 to 24	25 plus	Age Unknown	Total
Scarlet Fever	-	-	-	-	2	8	2	-	-	-	12
Whooping Cough	1	3	2	2	2	4	-	-	-	-	14
Measles	4	50	37	39	51	83	5	-	-	-	269
Sonne Dysentery	1	-	2	1	1	5	-	1	3	-	14
Puerperal Pyrexia	-	-	-	-	-	-	-	-	3	-	3
Tuberculosis:-											
Pulmonary	-	-	-	-	-	-	-	3	20	-	23
Non-Pulmonary	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	1	-	1
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	1	-	-	-	-	-	-	1	-	2
Pneumonia	-	-	-	-	-	-	-	-	-	-	-
	6	54	41	42	56	100	7	4	28	-	338

COMMENTS:-

1 The total number X-rayed shows a slight fall on the 1961 figures. There is a big drop in the general public response, which is to some extent compensated by a rise in the industrial figures. There are several factors which could have accounted for the fall in the public response, and it is hoped that this will improve again on the next visit.

2. Once again a high incidence of pulmonary tuberculosis cases requiring treatment or close observation, was found. Twenty-four such cases were discovered giving an incidence of 2.1 per thousand. This incidence is similar to that noted in 1961 and, if at all possible, the survey will be repeated within three years.

3. Four malignant neoplasms were found. All were in males above middle age and all tobacco smokers.

All the abnormal cases were referred to their own doctors, the majority for further investigation at the Chest Clinic or hospital. Thanks should be extended to all the physicians and surgeons concerned and particularly to Dr. P. B. Woolley and his chest team for their help and co-operation in dealing with the majority of these new cases.

In conclusion, the Unit would like to place on record its thanks to the members of the Hyde Borough Council, Dr. A. S. Darling, and members of his staff for their help and co-operation, and to the W.V.S. for voluntary assistance.

signed: JOHN RIMINGTON, M.B., Ch.B,
Medical Director.

H. WINSTANLEY,
Organising Secretary.

SECTION V

SURVEY OF SMOKING HABITS IN HYDE

An extra feature of the 1964 M.M.R. Survey was an enquiry made as to the smoking habits of those attending for an X-ray. This survey was carried out at my request and I am deeply indebted to Dr. Rimington and his staff for their very kind co-operation and to the Manchester Regional Hospital Board for their courtesy in permitting the survey and for the processing of the resulting figures. Table I is the table supplied by the Regional Board covering all who attended for an X-ray in the Hyde area. It can be seen that 11,376 adults stated what their smoking habits were.

Table I

SMOKING SURVEY - HYDE

	14 & under		15 -		20 -		25 -		35 -		45 -		55 -		60 -		65 +		All Ages		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
SMOKERS - Cigarettes			273	353	378	275	740	418	891	574	777	392	313	116	189	49	59	19	3619	2196	5815
SMOKERS - Pipe			6	-	11	1	51		87		129		68		47		26		425	1	426
SMOKERS - Both					2		8		14	1	11		6		7		1		49	1	50
EX SMOKERS-Cigarettes			32	20	41	25	118	44	211	82	178	46	82	26	61	6	26	7	749	256	1005
EX SMOKERS - Pipe							3		10		11		3		5		5		37		37
EX SMOKERS - Both			3		13		11		30		24		11		9		5		106		106
Non-Smokers			231	535	152	276	330	337	250	450	166	527	65	272	46	132	20	148	1260	2677	3937

NUMBER OF CIGARETTES SMOKED PER DAY

	Under 20	20 - 24	25 - 34	35 - 44	45 - 54	55 - 59	60 - 64	Over 64
Male	2910	5414	11222	14034	11983	4399	2373	672
Females	2808	2680	4647	6130	3729	893	346	119

In Table II the percentages of "smokers" "ex smokers" and "never smoked", are given for each sex and compared with the 1961 figures for England and Wales supplied by the Tobacco Manufacturing Standing Committee.

Table II

Area	Smokers		Ex Smokers		Never Smoked		Consumption of Cigarettes per adult per annum	
	M	F	M	F	M	F	M	F
Hyde	66%	43%	14%	5%	20%	52%	3100	1520
E & W	72%	44%	14%	7%	14%	49%	4010	1680

Table III gives the percentages of those smoking in different age groups and it should be noted that the male figures contain pipe smokers. These vary from 1% of those under the age of 20 to 18% of those aged 65 and over.

Table III

Percentages of those smoking per age group

Sex	15 - 19	20-24	25-34	35-44	45-54	55-64	65+	All ages
Male	51	66	64	67	71	67	60	66
Female	39	48	52	52	41	27	11	43

Table IV shows the average consumption of cigarettes per head per day by age groups and it should be remembered that this average is based on non smokers as well as smokers. For smokers only the figures would naturally be higher.

Table IV

Consumption of cigarettes per head per day per age group

Sex	15 - 19	20-24	25-34	35-44	45-54	55-64	65+	All ages
Male	5	7.5	10	10	10	6.5	6.5	8.5
Female	3.5	5	6	5	3.75	1.9	0.75	4.2

A study of these four tables will show that Hyde men and Hyde women smoke a little less than those the country as a whole and also that the difference between sexes in consumption per head, widens rapidly as we move up from those under 20 to those aged 65 and over. In those at the lung cancer ages of 45 and over, 70% of the males are smokers (58% cigarettes and 12% pipes) compared with only 33% of the females (no pipe smokers). Though the men outnumber the women by only 2 to 1 in these older ages, the male consumption per head is at least four times greater than in the female and in those aged 65 and over the difference in consumption is nearly 9 to 1.

In Table V Hyde's smoking habits have been compared with those of four other areas, England and Wales as a whole, the greater London area, rural districts as a whole and the island of Jersey. The island of Jersey has been included only because there tobacco is relatively very cheap and consumption is therefore very high. Its effects can then be viewed in a community where there is no atmospheric pollution. The death rates from lung cancer have also been included in the table and they all relate to the year 1960 or its equivalent. It is important to note that for Jersey the figures relate only to Jersey-born residents.

Table V

Area	Male			Female		
	% Smokers of Cigarettes	Daily No. per adult	Death rate from lung cancer	% Smokers of cigarettes	Daily No. per adult	Lung Cancer deaths per million
Hyde	58	8.5	1040	43	4.2	110
E & W	58	10.3	860	44	4.6	130
London	55	10.7	1080	54	6.7	190
Rural Districts	52	8.9	630	40	3.6	100
Jersey	58	17.2	1030	40	8.5	170

Table VI is a comparison of smoking habits in Hyde's older generation, those of 60 and over. This older age group is of importance because it is the smoking habits of yesterday that we must relate to the cancers that are occurring today.

Table VI

Cigarette smoking habits at 60 + years related to lung cancer rates in whole population

Area	Males			Females			Atmospheric pollution
	% Smokers	Daily Number per adult	Lung Cancer Death rate	% Smokers	Daily Number per adult	Lung Cancer death rate	
Hyde	49	6.0	1040	19	1.3	110	Very heavy
E & W	59	7.9	860	24	1.9	130	Moderate
Jersey	63	10.7	1030	32	4.4	170	Almost nil

Discussion

This survey of our smoking habits was made because of the link that exists between the smoking of tobacco, particularly in the form of cigarettes, and illness or death from three diseases. These diseases are coronary thrombosis, lung cancer and bronchitis and they all play a major part in the deaths of men under the age of 65 and to a much lesser extent, the reason for which can be seen in Table V, they also play some part in the deaths of women under the age of 65. During the nine years 1956 to 1964 Hyde lost 320 men and 84 women under the age of 65 from these three diseases alone. Included in these figures are the deaths of 39 men and 19 women who had not yet reached the age of 55 years.

Hyde has death rates from each of these three diseases that exceed the national figures and yet the smoking survey shows that our consumption of cigarettes is somewhat less than in the nation as a whole, considerably less than in the greater London area, particularly the London women, and a great deal less (under half) than the amounts smoked by the men and women of Jersey.

Lung Cancer

It can be seen that the men of Hyde have a lung cancer death rate that is the same as the men of Jersey and yet the Jersey male consumption of cigarettes is much higher as a whole than that of the Hydonians, though in the older age groups the difference is not quite so great. It is well known that gross atmospheric pollution when it is at its worst is capable of doubling the lung cancer death rate, and it would appear that this is the factor that has helped to produce so high a rate in our area. In Hyde the average smoke concentration, both winter and summer, is at least 50% higher than in the London area and Hyde is not the smokiest part of our conurbation. This does not alter the fact that the cigarette is the primary cause. Without it our death rate from lung cancer could be reduced by 90% and if the air was clean the residual figure could then be cut in half. The death rate from lung cancer in the Hyde women is unusually low, especially when it is realised that the women live in the same smoky atmosphere as do the men, but a study of their smoking habits at the age of 60 and over gives the reason. They smoke very little indeed, less than the country as a whole and much less than their counter-parts in the greater London area. The women of the North were obviously slower to adopt the smoking habit that the women of the South. Whether this was due to tradition or to a cannier outlook on household expenditure I do not know, probably a bit of both. In Jersey where tobacco has always been cheap, 32% of the women over 60 are smokers of cigarettes and the average consumption per head in this age group is more than three times that in our own area. This very high relative consumption by the Jersey woman is reflected in her death rate from lung cancer which is almost the same as that of her own sex living in the relatively smoky atmosphere of greater London and much greater than in our own much smokier area.

There are still doubts in some minds as to the relative parts played by the cigarette and atmospheric pollution in the causation of lung cancer. To my mind there is no difficulty. The cigarette plays the primary and major part and is capable of causing a 30 fold difference between the non smoker and the heavy smoker no matter in what area they may live. Atmospheric pollution at its worst will increase the figures for smoker and non smoker alike, in that particular area, by a factor of 2.

Bronchitis

In bronchitis we have a disease which is rather like the iceberg in that only one tenth of it shows in the death returns. For every man or woman who dies a premature death from bronchitis there are probably nine others permanently off work leading a crippled existence within the shadow of their own homes. This again is a disease mainly of men and when one considers those under the age of 65 the association between it and the smoking of cigarettes is almost 100%, In many years work in a chest clinic and in many visits paid to homes of those disabled by bronchitis I have yet to come across the man or woman under the age of 65, permanently 'on the shelf' from bronchitis, who is not or has not been a smoker of cigarettes. Having said that, may I add that in this area I have come across many women in the older age groups, 70 and over, who are now disabled from bronchitis and who have never smoked a cigarette. All that I have met have told me the same story; that they have spent most of their working life in one of the dustier working rooms of the cotton industry. They are disabled and they will ultimately figure in our bronchitis mortality statistics but for them the absence of the cigarette has meant that disability and death come long after retiring age and not long before it.

Atmospheric pollution, damp climate, repeated chest infections and industrial dust and fumes, all these have their effect in bringing on chronic bronchitis. When to this formidable quartet there is added the most deadly agent of all, the smoke of a cigarette, then it is no wonder that we have a bronchitis rate in this conurbation that is amongst the highest in Great Britain. I have little doubt that in spite of our smoky air and our dusty factories, if we were a nation of non smokers, bronchitis would no longer be the plague and scourge of middle aged men but only the bane of their old age. Clean air is vital both in the factory and in the town outside the factory but the evidence from sunny Jersey and from even sunnier climates such as South Africa shows that we cannot smoke with impunity.

Coronary Thrombosis

Regarding coronary thrombosis this is a disease that is now beginning to assume epidemic proportions. It is a disease that is causing a higher mortality rate amongst young and middle aged men year by year. Even in the nine year survey in our Hyde death returns the following table will show that there has been an increase in the numbers dying in our men folk from coronary disease. It is not just a change in death certification whereby sudden death from heart trouble is given a different label. This change of fashion might explain an increase in the number of deaths in the older women from coronary thrombosis because it has been paralleled by a drop at the same ages from deaths due to other forms of heart disease, and when you add deaths from 'coronary thrombosis' to deaths from 'Other forms of heart disease' it will be noted that the combined female figures have hardly changed during the past nine years. On the other hand there has been a real increase in the male figures even when both groups of deaths are added together.

Yearly deaths from heart disease in three year groups during 1956-64

Years	"Coronaries"		Other Heart Disease		Combined	
	M	F	M	F	M	F
1956-58	30	20	34	48	64	68
1959-61	43	26	27	40	70	66
1962-64	52	36	29	34	81	70

It is the increase in deaths from coronary thrombosis in the younger male that is so alarming. 180 males under the age of 65 died in Hyde during the past nine years from coronary thrombosis and of these no less than 53 were under the age of 55. It is a great tragedy in the family circle when the bread winner is lost at so early an age. It is an equally great financial tragedy to the community when the cost of making provision for the wife and her dependents is linked with the loss of the man's productive capacity. It is particularly at the ages of 55 and under that the smoking of cigarettes assumes the greatest significance, for in these younger age groups heavy smoking of cigarettes is very closely linked with deaths from coronary thrombosis. The ratio of deaths in heavy smokers to that in non-smokers is at these ages at least 4 to 1 and if attention is paid only to those that inhale deeply the ratio can be as high as 6 to 1.

The Cost

Premature death in the bread winner coupled with premature retirment from work from permanent pulmonary damage, when added together make a most formidable total of personal suffering, domestic tragedy and community economic loss. The total cost to the community of deaths and sickness directly attributable to the effects of the cigarette, must at least balance if it does not far outweigh the revenue that is obtained from the present rate of taxation of tobacco. When there was controversy concerning the pros and cons of smoking in the Manchester buses, quite a number wrote to the papers stating that the momey they were paying in tobacco tax entitled them to some consideration as smokers. They considered that they were helping to support the economy. This is not true; they are barely paying their way and indeed I believe that they are costing the community more than they put in to it.

The Answer

Coronary thrombosis, bronchitis and lung cancer together form a national scourge which is very largely self inflicted. To see their effects at their worst we need look no further than to our own area.

Environmental factors that can be altered should be altered and clean air, domestic and industrial, and good housing should be the lot of all.

Personal habits that our known to carry a high morbidity and mortality are not to be changed so simply but even they may be influenced as far as possible by effective Government action. To attack a man's own personal choice of what he does with his money and time is not likely to be very helpful and it is not at all easy to warn the individual that he is heading for trouble without causing considerable offence. I believe the only effective line of action is to reduce the consumption of tobacco by raising its cost. More tax from smaller returns will benefit both the smoker and the Government, though not the tobacco industry.

One other line of approach that is wholly logical is that tobacco should cease to be advertised in any shape or form and that the number of selling outlets should be restricted to only a few licensed tobacconists. To any impartial observer it is inexplicable that since 1950 the tobacco industry has been able to continue its sales campaign almost without hindrance. Why 1950? Because in that year the first really weighty papers indicting the cigarette as the major cause of lung cancer were published both in the U.K. and U.S.A. So substantial was the evidence produced then that had any other substance in daily use been involved the manufacturers would have been obliged to take drastic action. At the very least they would have had to cease attracting new customers while the case was being heard. But no. Well aware that our of every 100 new customers at least 50 to 60 are "hooked" for life, the tobacco trade redoubled its efforts to sell the habit, especially to the young. Since then the evidence against the cigarette has been heard over and over again in one country after another. The result is always the same. Each fresh "trial" not only substantiates the verdict of the previous court but also adds its own quota of additional incriminatory evidence, yet no matter how often the verdict of "guilty" is brought in, the industry in the dock is still allowed to pursue its campaign for increased sales. I cannot think of any parallel to such a case. In the 14 years that have elapsed since the evidence first pointed so surely to the prime cause of lung cancer and early bronchitis, the tobacco trade has acquired at least 7 million new customers in the U.K. alone, of whom at least 700,000 are doomed to die from one of the tobacco disease - unless they stop in time. And when they try to stop? It is then that the "hook" is first felt. It is not for nothing that one expert in the field of anti-smoking clinics has stated that the greatest suffering caused by tobacco is the mental torment of the one who wants to stop and cannot. But the pressure for more sales continues. The ban on TV advertising without a similar ban on all other forms of display and advertising has only diverted such energies from one outlet to the many others still available. In the U.S.A. it is now obligatory to label every packet of cigarettes with a warning as to its possible effect on health. Even this is still not being done in the U.K.

Effective action does not include compulsion but it should include dissuasion. It is cost that determines the level of consumption and I have no doubt that a very great increase in tax is needed. The aim should be, not only to bring in as much money as tobacco is costing the community in terms of disease and social benefits, but also to deter the affluent youth from starting a habit that he may not be able to abandon.

Smoking on all public transport and in all public buildings should be forbidden. It is a habit that is particularly unpleasant to the non-smoker and it should be regarded as anti-social as spitting.

Every type of tobacco sold should be clearly labelled as to its risk to health.

Such sales should take place only from a limited number of licensed tobacconists.

I have no doubt that the tobacco industry will advance many reasons why their trade should be allowed to flourish but then I am equally sure that were death itself to be abolished, those interested would advance just as many reasons for its retention.

SECTION VI

Fluoridation or the adjustment of the level of fluoride in the water supply to the level shown by Nature to be essential for health

At the time of writing, the position is, that though the Hyde Borough Council is in favour of adjusting the level of fluoride in our drinking water, a neighbouring authority which controls the collection and distribution of drinking water for the whole conurbation, has chosen to veto Hyde's freedom of choice. Hyde is only one of 27 authorities drawing their water from this central source. The population of the controlling authority is 650,000 approximately and the combined total of the other 26 authorities is 700,000. To me it seems rather odd that the fate of the majority should be at the mercy of an irresponsible decision of a minority. The use of the word "irresponsible" may seem, to say the least, to be disrespectful, especially when it is applied to one of the most forward looking authorities in the country, with a pioneer record in health measures that is second to none. Yet in this matter of adjusting the level of fluoride in our drinking water to the level shown by Nature to be the optimum, the charge of 'irresponsibility' is justified. Let me say why I believe this to be so.

Recent evidence has reinforced the growing realisation that an adequate quantity of fluoride in our drinking water not only promotes healthier teeth but also stronger bones. The fractures that are so common a hazard to older folk, because their bones are unduly fragile, rarely occur amongst those who are fortunate enough to live in high fluoride areas. Fragility of the bones is now being successfully treated by the administration of doses of fluoride several thousand times greater than that obtained by drinking fluoridated water. Even with these enormous doses, as the Science Correspondent of the Guardian has recently emphasised, accumulation of fluoride in the tissues does not occur. There are those who object to fluoridation because they claim that it only benefits the children and not the adults of today. Could there be a more selfish or heartless reason for denying to our children a substantial alleviation of the suffering caused by dental decay? But the dental benefits of fluoridation do extend right throughout adult life; and who wants to walk on crutches because in later years a fragile hip bone has suddenly given way?

Dental decay can and sometimes does initiate a fatal illness but it is not usually regarded as a major contributor to our mortality statistics. It is the suffering and inconvenience that it causes and the cost that it entails, that constitute its main disadvantages. But fractures, and other bony illnesses, in the older age groups are a formidable threat not only to health but to life itself and if this risk is greater in the low fluoride areas such as our own than it is in the high fluoride areas, then there must be very good reasons if the benefits of an adjusted fluoride intake are to be denied us.

These reasons just do not exist. There is an association in this country that includes the words "Pure Water" in its title. Just what is meant by the word "pure" is not defined. The only pure water known to science is distilled water - an unpalatable and unwholesome liquid that should only be drunk when no better alternative is available. We may be thankful that it does not exist anywhere in a naturally occurring form. However it is the propaganda disseminated by this association that lies behind the doubts and fears of those who vote against fluoridation. Now this propaganda is demonstrably untrue and those who take upon themselves the responsibility of voting on such an issue, must know it. If they do not know this then they should have known, and one is forced to one of two conclusions; either they have not done their homework, as Hyde has taken the trouble to do in studying all the evidence available, or else they are not capable of discerning between what can be substantiated before an impartial tribunal of enquiry and those statements that cannot be so substantiated. Not one of the allegations of the "pure water" Association has ever been substantiated. On the other hand, their alarming allegations have been disproved time and again, whilst the findings of medical and dental bodies from all over the world, recommending fluoridation as wholly beneficial and entirely safe, have been substantiated up to the hilt.

Not every human being is endowed with the mental capacity to enable him to adjudicate on the pros and cons of a particular recommendation, especially when the case involves engineering, chemical and medical findings, but this is surely not the case with those who function as councillors and aldermen. We in Hyde, who fearfully await our turn on an orthopaedic bed, know that those of the controlling body who voted against the adoption of fluoridation did so against the advice of their own Medical Officer of Health, their own Public Health Committee and that of the Minister of Health. These "antis" knew, or if they did not, they should have known, that when they rejected fluoridation they were going against the opinion of such bodies as the World Health Organisation, the Medical Research Council, the British Medical Association, the British Dental Association, the Royal College of Surgeons and the Society of Medical Officers of Health, to name only a few of the expert bodies who have studied the evidence. They must have been well aware that the "evidence" on which they finally relied could not be substantiated in any way in a court of law.

By their decision to withhold fluoridation many thousands will suffer and some will even die, needlessly. It is on their behalf that I write and for their sake the charge of "irresponsibility" must be pressed home.

If Hyde is to be denied the benefits of fluoridation then we in Hyde should be entitled to adequate compensation for the ills that are directly the result of such a decision. And who should pay this compensation? Who but the controlling body of the water company concerned. It is not such a long time since the Judicial Committee of the Privy Council ruled that a water deficient in adequate quantities of fluoride could not be regarded as entirely "wholesome". I reported this fact last year, and what was true then is even more so now. We are entitled by law to a supply of drinking water that is wholesome and in my opinion the Corporation of Hyde should not rest until it has obtained its rights.

SECTION VII

Report of the Chief Public Health Inspector

To the Mayor, Aldermen and Councillors of the Borough of Hyde.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my report on the work carried out by the Public Health Inspectors' section of the Health Department during 1964.

Despite shortages in the staff of public health inspectors it will be seen that an impressive volume of work has been done. In slum clearance, 172 unfit houses have been represented - not so many as in the previous year, but no small achievement. Our Smoke Control Area No. 4 has been submitted again to the Ministry of Housing and Local Government after revising estimates of cost and of fuels required in the light of Circular No. 69/63, and I hope that this work will now go on steadily. Meat inspection in the slaughter-house of T. Wall and Son (Meat and Handy Foods) Ltd., has increased in volume slightly over the year, and will probably continue to increase slowly.

A good deal of time has been spent on the registration of premises under the Offices, Shops and Railway Premises Act, 1963 and in commencing the inspection of these premises. This is a new and interesting field of activity and one that will take up an increasingly large proportion of the Department's time in the next few years.

In short, this has been a year of achievement despite frustration through shortage of staff. I would like to express my appreciation to the Chairman and Members of the Health Committee and to Dr. Darling for their support during the year, and to the staff of the Health Department for their loyal help and co-operation.

Your obedient servant,

T. NICHOLSON.

SECTIONVIII

SANITARY CIRCUMSTANCES IN THE AREA

WATER SUPPLY

Water is supplied by Manchester Corporation (Woodhead supply) and is available to almost every dwelling in the Borough and is satisfactory in quality and quantity. The service reservoirs have all been roofed over, and a new service reservoir to replace Pudding Lane reservoir will be ready early in 1965, when Pudding Lane reservoir will be taken out of commission.

After five years work the new Godley filtration plant was completed and brought into commission in September, 1964, which means that all the water supplied to Hyde is now filtered. To those of us who remember the many complaints of discoloured water we used to get only a few years ago, this is a great advance.

A local supply for industrial purposes is stored in small reservoirs in the town and is filtered but considered unfit for domestic use without sterilisation.

45 samples of drinking water were taken, only two of which were unsatisfactory. The Manchester Corporation also maintains regular bacteriological and chemical analysis, including examination for plumbo-solvency.

SEWAGE

Reconstruction to extend the Sewage Works was completed in 1939 involving radial flow sedimentation followed by bacteriological filtration and humus treatment. The works have recently required further extension to accommodate increased industrial flow and overspill development in the Hattersley area. These extensions include sludge digestion as part of the treatment. They are expected to be completed early in 1965.

PUBLIC SWIMMING BATHS

The Hyde Corporation Baths were opened on 4th May, 1899 and extended in 1913. Of the two Swimming Pools, one has a capacity of 100,000 gallons and the other 60,000 gallons. There are also two suites of Slipper Baths - Males 14 and Females 7; and 1 Russian Remedial Bath which will accommodate 9 persons at a time.

A Municipal Laundry was attached to the Baths in 1955, consisting of eight Laundry Benches in which washer, spin dryer and sink are combined, and twelve drying horses. There were 12,512 users during the year.

The heating of the Baths and Laundry is carried out by a Lancashire Boiler combined with a Hodgkinson's underfeed automatic stoker and automatic water feed-pump.

The water supplied to the Baths is that collected locally for Industrial use stored in reservoirs within the town boundary and is filtered prior to delivery. The Filtration system installed in 1938 consists of two horizontal Pulsometer Filters with a turnover of 2½ hours for each pool. Each pool has its own chlorinator which operates the breakpoint system with which a free chlorine residual of 2p.p.m. is maintained. Chlorine content and pH value are tested by means of a colorimetric Lovibond comparator using Houseman Palintest D.P.D. Chlorine Tablet No. 1 for chlorine content and phenol red tablet for pH value. A pH value of 7.8 to 8.0 is maintained.

Ten samples of water have been taken with satisfactory results. No B.Coli have been found in any sample taken since June, 1949.

The number of bathers and spectators for the year ended 31st December, 1964, was 100,989.

SWIMMING INSTRUCTION OF SCHOOL CHILDREN

The Swimming Baths are extensively used by Education Departments for the teaching of swimming to scholars in Hyde, Longdendale, Bredbury and Denton.

Both Swimming Pools are in use from 9 a.m. to 4 p.m. from Monday to Friday inclusive making 110 classes per week. The number of scholars who attended the baths during the 1964 season was 51,903. Three qualified instructors assisted by the class teachers give swimming instruction. Various tests of ability are carried out from time to time. "The Advanced Certificate of Swimming" is the test aimed at by the Education Authority, but many children go on to take the Amateur Swimming Association Personal Survival Awards and also the Royal Dife Saving Society Medallions. The winners of the Advanced Certificate of swimming receive free contracts carrying admission to the baths during the following season. 43 free contracts were issued in 1964.

SECTION IX
INFECTIOUS DISEASES

The figures given in Tables 1 and 2 reveal the number of cases of infectious disease among the population.

TABLE 1

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1964

Notifiable Diseases	Under 1 year	1	2	3	4	5 to 9	10 to 14	15 to 24	25 plus	Age Unknown	Total
Scarlet Fever	-	-	-	-	2	8	2	-	-	-	12
Whooping Cough	1	3	2	2	2	4	-	-	-	-	14
Measles	4	50	37	39	51	83	5	-	-	-	269
Sonne Dysentery	1	-	2	1	1	5	-	1	3	-	14
Puerperal Pyrexia	-	-	-	-	-	-	-	-	3	-	3
Tuberculosis:-											
Pulmonary	-	-	-	-	-	-	-	3	20	-	23
Non-Pulmonary	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	1	-	1
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	1	-	-	-	-	-	-	1	-	2
Pneumonia	-	-	-	-	-	-	-	-	-	-	-
	6	54	41	42	56	100	7	4	28	-	338

TABLE 2

INFECTIOUS DISEASES 1957 - 1964

This table indicates the tr nd of the more common infectious diseases since 1957:-

	1957	1958	1959	1960	1961	1962	1963	1964
Scarlet Fever	61	67	38	14	19	48	14	12
Measles	475	217	411	17	548	69	302	269
Whooping Cough	68	1	39	29	16	3	7	14
Poliomyelitis	-	1	-	-	2	-	-	-
Tuberculosis of Lungs	27	10	8	8	29	9	6	23
Tuberculosis of other sites	2	1	-	2	2	2	-	-

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

In urgent cases where removal to hospital is required without delay, action can be taken under the National Assistance (Amendment) Act, 1951, and an order can be made by a local Justice of the Peace requiring the patient to be taken to hospital or other suitable accommodation. The action is only taken where there is complete lack of home care and where the person refuses all care and attention.

HOUSING

Slum Clearance

Twelve Clearance Areas were represented during the year. Eight of these, Nos. 98, 100, 101, 102, 103, 104, 105 and 108 were made the subject of Compulsory Purchase Orders, the remainder being Clearance Orders.

The Clearance Areas were:-

No. 97	(Lumn Road)	5 houses
No. 98	(Commercial Street)	16 "
No. 99	(Ann Street)	31 "
No.100	(Thomas Street)	22 "
No.101	(Commercial Brow)	13 "
No.102	(Mottram Old Road)	14 "
No.103	(Edward Street)	9 "
No.104	(Ashley Street)	6 "
No.105	(Ashton Road)	12 "
No.106	(Hallbottom Street)	2 "
No.107	(Sheffield Road)	4 "
No.108	(Darwin Street and Bowers Street)	19 "

No objections were made in respect of five areas, Nos. 97,98,103,104 and 106. Public Inquiries have already been held or arranged concerning objections to Areas Nos. 99,100,101,102 and 105 and it is likely that there will be Inquiries concerning the other areas.

In addition, thirteen Individual Unfit Houses were represented, these being dealt with as follows:-

Demolition Orders	10
Closing Orders	3

A further six houses owned by Cheshire County Council were closed.

STATISTICS

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR

1.	By the Local Authority	91
2.	By other bodies or persons	105

INSPECTION OF DWELLING HOUSES DURING THE YEAR

1.	(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	892
	(b) Number of inspections made for this purpose	2558
2.	(a) Number of dwelling houses (included under sub head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	377
	(b) Number of inspections made for the purpose	377
3.	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	172
4.	Number of dwelling houses (exclusive of those referred to under the preceding sub head) found not to be in all respects reasonably fit for human habitation	40

REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICE

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 61

ACTION UNDER STATUTORY POWERS DURING THE YEAR

Proceedings under Public Health Acts:-

(1)	Number of houses in respect of which Notices were served	203
(2)	Number of houses in which defects were remedied:-	
	(a) by owners	27
	(b) by Local Authority	176

OVERCROWDING

Two cases of overcrowding were reported during the year - one a two-bedroom house containing two families with a total of ten persons, including six children, all under 10 years old. At the end of the year the house was still overcrowded, despite a notice served on the owner/occupier to abate overcrowding.

The second house is a three bedroom house with a Permitted Number of 9½, which was occupied by thirteen persons. Overcrowding was abated in this case.

The total number of overcrowded houses is three containing four families and a total of 22 persons.

DEFECTIVE HOUSES	1934-55	1956	1957	1958	1959	1960	1961	1962	1963	1964	Total
Houses demolished or finally closed	472	73	33	172	199	110	94	185	145	193	1676
Houses or parts of houses closed or vacated	109	6	11	1	-	-	-	-	-	-	127

NUMBER OF PERSONS DISPLACED FROM HOUSES TO BE DEMOLISHED OR CLOSED:

From	Families	Persons
Clearance Areas 1964	153	334
Individual Houses 1964	19	46
Total since inception of programme in 1934	1545	4674

BOROUGH OF HYDE - HOUSING DEPARTMENT

Lettings during calendar year 1964.

Transfers	86	
Exchanges	18	104
From unfit houses	130	
From unfit prefabs.	30	160

FROM GENERAL WAITING LIST

Lodgings in council houses	14	
Lodgings in private houses	9	
Tenants	40	63

OTHERS

Salford Overspill	3	
Staff Appointments	4	
Cheshire County Police	6	
Others	3	16
		343

CERTIFICATES OF DISREPAIR

No applications for Certificates of Disrepair were received during the year, nor applications for the cancellation of Certificates of Disrepair.

Disinfection and Disinfestation

During the year the following articles were destroyed at the request of their owners, following deaths, long illnesses, or for other reasons -

Beds	62
Bedsteads	47
Mattresses	73
Pillows	81
Bundles of Clothing	-
Rubbish and Filth	32

Three houses were found to be bug infested, and were treated by the Department. One was a Council house.

Treatment was also carried out for the eradication of other insect pests from houses and food premises including:

Beetles (cockroaches) etc.	28
Silver fish	3

CLOSET ACCOMMODATION

The number of premises fitted with closets of the various types at the end of 1964 was approximately:-

W.C's with cistern flush	W.C's hand flushed and waste water	Privies	Pails	Chemical Closets
10,208	2,597	9	36	2

In 1948 the Council provided a grant of £5 to be paid towards the cost of converting waste-water closets to cistern-flushed W.Cs, and up to the end of the financial year 1962-63, 1,083 grants had been approved. At this stage the Council decided on a policy of compulsory conversion, and in 1964-65 tenders were accepted for the compulsory conversion of 152 waste-water closets, and in addition provision made for 182 voluntary conversions. The new grant for voluntary conversions was fixed at £13 or half the cost of the work, whichever is the lesser.

At the end of 1964, a total of 358 compulsory conversions and 1,290 voluntary conversions had been approved.

INSPECTION OF THE BOROUGH

The following table has been prepared to show the number and nature of the inspections made during the year, the number and type of notices served, and the result of such notices.

TABLE 3

STATEMENT OF SANITARY INSPECTIONS FOR YEAR ENDING 31st DECEMBER, 1964

INSPECTIONS	NO. OF NOTICES SERVED			RESULTS OF SERVICE OF NOTICES		
Nature	Number	Informal	Statutory	Complied with by owner or occupier	Complied with by Corporation in default	Notices Outstanding
Noise abatement	31	-	-	-	-	-
Recorded Housing Inspections	377	-	-	-	-	-
Other Houses under P.H.A. or H.A.	892	61	32	70	23	10
Re-visits to property under notice	1666	-	-	-	-	-
Courts, Yards and Passages	9	-	-	-	-	-
Pail Closets	4	-	-	-	-	-
Ashbins	24	5	-	3	-	-
Slaughterhouses	473	-	-	-	-	-
Visits re Defective Water Supplies	43	2	-	2	-	-
Ice Cream Premises	51	-	-	-	-	-
Bakehouses	87	-	-	-	-	-
Licensed Premises	20	-	-	-	-	-
Other Food Premises	123	5	-	5	-	-
Farms	21	-	-	-	-	-
Ice Cream Samples (Methylene Blue)	54	-	-	-	-	-
Water-Bacteriological & Chemical Samples	61	-	-	-	-	-
Smoke Observations & Other Smoke Visits	32	-	-	-	-	-
Visits and Re-visits re Smoke Control Areas	64	-	-	-	-	-
Common Lodging Houses	1	-	-	-	-	-
Piggeries	13	-	-	-	-	-
Factories with Mechanical Power	33	-	-	-	-	-
Factories without Mechanical Power	2	-	-	-	-	-
Offensive Accumulations	30	-	-	-	-	-
Infectious Diseases	72	-	-	-	-	-
Verminous Premises	19	-	-	-	-	-
Offensive Trades	5	-	-	-	-	-
Rodent Control	173	-	-	-	-	-
Public Conveniences	109	-	-	-	-	-
Shops O.S.R.I.	829	9	-	-	-	-
W.W.C. conversions	963	-	157	-	171	-
Diseases of Animals Acts	31	-	-	-	-	-
Refuse Removal	143	-	-	-	-	-
Refuse Disposal	140	-	-	-	-	-
Salvage	6	-	-	-	-	-
Movable Dwellings	7	-	-	-	-	-
Cinemas etc.	2	-	-	-	-	-
Committees etc.	68	-	-	-	-	-
Interviews	398	-	-	-	-	-
Pet Animals Act and Animal Boarding Establishments	6	-	-	-	-	-
Miscellaneous	14	-	-	-	-	-
Totals	7096	75	189	73	194	10

TABLE 4

DEFECTS REMEDIED DURING 1964

Dwelling Houses

Defective ceiling construction	6
" plaster	21
" floors	8
" kitchen ranges, fireplaces and flues	1
" windows and cords	24
" doors	11
" staircases	1
" damp proof courses	8
" sinks	2
" sink waste pipes	5
" skirting boards	3
" water supply	-
" roofs	20
" external walls	5
" pointing and brickwork of walls	16
" chimneys	4
" chimney flashings	-
" rain water pipes	9
" eavesgutters	11
" dustbins and sanitary pails	1
" drains	3
" choked W.C's	1
" W.C. apparatus	4
" W.C. buildings	8

Factories

Miscellaneous Nuisances	6

Food Premises

Washing facilities	-
Floors, walls and ceilings	9
Limewashing	2
Others	6
Roof Leakages	2
Total	19

INSPECTION AND SUPERVISION OF FOOD

Meat Inspection

There is one slaughterhouse in the borough, that attached to the factory of T. Wall and Sons (Handy Foods) Limited, used for the slaughter of pigs only. A staff of three inspectors are engaged there on meat inspection - two "authorised meat inspectors" full time, and one public health inspector, one week at a time on rota. In addition, the major part of the time of another public health inspector is spent in making up the team during holidays, and absences through sickness.

The following table gives the results of meat inspection carried out in 1964.

Number of pigs killed	203,635
Number of pigs inspected	203,635

All Diseases or Conditions except Tuberculosis

Whole carcases condemned	169
Carcases of which some part or organ was condemned	30,210
Percentage of number inspected affected with disease other than Tuberculosis	14.9%

Tuberculosis Only

Whole carcases condemned	11
Carcases of which some part or organ was condemned	4,467
Percentage of number inspected affected with Tuberculosis	2.2%

Meat Condemned

	Tons	Cwts	Qrs	Lbs
Abscesses	15	12	3	18
Arthritis	4	1	3	18
Bruising	5	4	2	15
Cirrhosis & M.S.	11	5	3	27
Enteritis	34	18	1	20
Erysipelas		2	3	11
Fever	1	17	1	25
Emaciation		1	3	13
Jaundice		2	3	2
Miscellaneous		2	2	12
Nephritis		6	1	24
Moribund	1	10	-	21
Oedema		5	3	10
Pericarditis	4	8	-	21
Peritonitis	10	15	2	20
carried forward	90	17	3	5

Meat Condemned (cont'd)

	Tons	Cwt	Qrs	Lbs.
Brought forward	90	17	3	5
Pleurisy	7	3	-	22
Pneumonia	10	1	-	14
Pyaemia		1	2	2
Septicaemia		5	-	2
Tuberculosis	31	3	3	14
Urticaria		16	2	8
Uraemia		1	2	8
	140	10	2	19

OTHER FOOD CONDEMNED

	Tons	Cwt	Qrs	Lbs
Meat:-				
Canned Meat	1	2	1	6
Other Food:-				
Canned	1	13	-	13
	2	15	1	19

FOOD PREMISES

During the year 684 visits to food premises were made, particular attention being paid to catering establishments.

MILK SUPPLY (REGISTRATION AND LICENCES)

Under the Milk and Dairies (General) Regulations, 1959, there are registered 110 Milk Distributors and 15 Dairies.

MILK SAMPLING

The County Council, as licensing authority, have taken the following samples in Hyde, and submitted them to the appropriate tests in the Public Health Laboratory in Manchester.

METHYLENE BLUE TEST

79 samples of Tuberculin Tested Milk (6 unsatisfactory).

METHYLENE BLUE AND PHOSPHATASE TESTS

125 Samples of Pasteurised T.T. Milk (18 unsatisfactory).

TURBIDITY TEST

72 samples of Sterilised Milk - all satisfactory.

BIOLOGICAL TEST

15 samples of T.T. milk were submitted to biological tests and none were found to contain tubercle bacilli. No sample of raw milk has been found to contain tubercle bacilli since 1959, when there was only one.

BRUCELLA

77 bulk samples of raw milk tested - 3 brucella positive
2 dealer " " " - both negative.
37 individual cow samples tested - all negative.

There were at the end of 1964 nine dairy herds in the borough from which milk was sold to the public.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

During 1963, a survey of bakeries was made to find out how many were using liquid egg, and whether or not it was pasteurised. It was found that eggs were used in many different forms, e.g. cracked whole eggs; frozen liquid eggs - South African, New Zealand or Chinese; and egg albumen. Some of the samples taken were pasteurised, others were not, but it was pointed out that after 1st January, 1964, liquid egg would have to be pasteurised.

58 samples were taken in 1963, of which 32 were subjected to the Amylase test, only 16 being found to be pasteurised. 27 samples were examined for the presence of organisms of the typhoid or salmonella groups, fortunately with negative results in every case.

In 1964, a total of 72 samples of liquid egg were examined. 41 samples satisfied the a-Amylase test. The other 31 samples - of cracked raw eggs, or of egg albumen were examined bacteriologically, and in none were organisms of the typhoid or salmonella groups grown.

We have no egg pasteurisation plants in Hyde.

ICE CREAM

There are six manufacturers and 173 vendors of Ice Cream on the register. Of the manufacturers, two manufacture Ice Cream regularly.

During the year 50 samples were submitted to the Methylene Blue Test. One was found to be unsatisfactory.

SMOKE CONTROL

We have three Smoke Control Orders in operation, viz. No 1 (Cheetham Fold) date of operation 1st June, 1961, and covering 653 premises (642 dwellings); No. 2 (Gee Cross) - date of operation 1st October, 1962; and covering 1,666 premises (1,600 dwellings); No. 3 (Hattersley) - date of operation 1st September, 1962, and covering about 1700 premises which will rise to about 2,100 premises with future development. These three areas cover a total area of 850 acres.

Order No. 4 (Back Bower) was submitted to the Ministry again in October, 1964, after revising estimates of cost and fuels required, and we are still awaiting its confirmation. This area covers 1132 acres and contains 885 dwellings.

INVESTIGATION OF ATMOSPHERIC POLLUTION

Volumetric Method

Apparatus for the estimation of the concentration of smoke and sulphur dioxide by the volumetric method is operated in the Health Department, measurements being taken daily. The following table shows the daily mean concentrations during each month of 1964.

Estimation of Daily Mean Concentration of Smoke and Sulphur Dioxide by the Volumetric Method

Site	Smoke Concentration Microgrammes per cub. meter			Sulphur Dioxide Concentration Microgrammes per cub. meter		
	Average	Highest	Lowest	Average	Highest	Lowest
Health Dept.						
January	445	1,104	132	298	661	99
February	346	1,112	88	284	495	138
March	238	548	92	198	301	103
April	201	620	52	207	318	82
May	83	200	48	83	195	27
June	126	320	48	120	226	46
July	83	300	8	98	187	32
August	97	228	24	81	244	25
September	128	340	32	85	153	25
October	303	548	56	147	264	63
November	347	1,132	84	135	515	67
December	315	690	80	167	421	57

The average daily mean concentrations for 1964 are shown below, compared with corresponding figures for the two previous years.

	Estimated Daily Mean Concentrations of	
	Smoke (/u gms.per cub.met)	SO_2 (/u gms.per cub.met)
Year		
1964	226	159
1963	202	169
1962	255	201

It is difficult to make comparisons of these figures without taking into account climatic conditions and other factors. But they do suggest that in the town's centre there is a steady diminution in atmospheric pollution.

Lead Peroxide Method

The first method used by the Health Department for estimating atmospheric pollution was the lead peroxide method for measuring sulphur dioxide. The apparatus consists of a glass tube coated on the outside with a paste of lead peroxide, enclosed in a wooden box with louvred sides and mounted on a concrete post, fixed in a spot clear of overshadowing buildings. The glass tube is exposed for a calendar month, and at the end of the month the lead peroxide paste is analysed to assess the absorption of sulphur dioxide from the atmosphere.

To begin with two of these posts were erected late in 1951 - one in Birch House Yard and the other near Back Bower Reservoir, Back Bower Lane. In October, 1959, two more posts were erected in Hattersley, one at Sundial Cottage, Pudding Lane, and the other near Fields Farm, the object being to compare the sulphur dioxide pollution in the atmosphere before and after Hattersley Overspill Development. The posts in Birch House and Back Bower Reservoir grounds were removed in April, 1960, the volumetric apparatus in the Health Department being considered a replacement for them. Thus the four posts were all up together for only six months, and the monthly figures for this period are given below, to compare the pollution by sulphur dioxide in the more developed parts of the town with the comparatively rural Hattersley area.

	Results in Milligrammes of SO_3 per 100 sq.cms. of lead peroxide per day during					
	Oct 1959	Nov 1959	Dec 1959	Jan 1960	Feb 1960	Mar 1960
Birch House	1.70	2.13	2.11	3.02	3.07	2.48
Back Bower Res.	1.83	2.07	2.14	3.12	2.66	1.69
Fields Farm	1.29	1.31	1.52	2.17	2.04	1.82
Sundial	1.19	1.00	1.23	1.86	2.03	1.70

The following table gives average figures for each year:-

Site	YEAR							
	1952/3	1953/4	1954/5	1955/6	1956/7	1957/8	1958/9	1959/60
Birch House	1.66	2.37	2.23	2.27	2.05	2.19	2.19	1.90
Back Bower Res.	1.36	1.98	1.76	2.03	1.81	1.92	2.01	1.80
Fields Farm								1.32
Sundial								1.24

	1960/61	1961/62	1962/63	1963/64
Birch House	-	-	-	-
Back Bower	-	-	-	-
Fields Farm	1.21	1.12	1.33	-
Sundial	1.25	1.29	1.57	1.40

The post near Fields Farm was damaged during building operations in 1963, and so few results were obtained there during 1963/4 that a representative figure for that year cannot be obtained.

Our records show that the first dwellings in the Hattersley overspill development were occupied in May, 1963 and that by the end of 1964, 1,576 dwellings were occupied. The SO_2 figures for 1962/3 show a marked increase on previous years though no new dwellings had yet been occupied. The 1963/4 figure, though higher than the corresponding figures for the years 1959 - 1962, is not as high as that for 1962/3. This is surprising in view of the fact that over 500 more dwellings were occupied in 1963/4. It will be interesting to see what future figures show.

RODENT CONTROL

Under the Prevention of Damage by Pests Act, 1949, the Local Authority is responsible for inspecting the district to discover rodent infestations. The inspection and treatment of business premises, particularly food premises, occupies a large proportion of the time of the rodent operative.

In addition, much work has been done in treating infestations in private dwellings (this work being carried out free of charge); in inspecting Local Authority property and treating where necessary; and in carrying out two "Maintenance Treatments" for the destruction of rats in sewers together with surface treatments of the Sewage Works.

The number of premises found to be infested during the year was 246 (121 rats and 125 mice). Of the 125 infestations by mice none could be classed as "serious". A total of 211 treatments was carried out to deal with these infestations, and the number of visits made was 1,852.

The table on page 60 gives details of the work done:-

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Report for 12 months ended 31st December, 1964

		Local Authority	Dwelling Houses	TYPE OF PROPERTY all other (including Business and Industrial)	Total	Agricultural
1.	Total number of properties in Local Authority's district	29	11,681	1,406	13,116	45
2.	Number of properties inspected as a result of (a) notification (b) Survey or (c) otherwise (a)	4	210	96	310	-
	(b)	15	307	312	634	10
	(c)	-	102	32	134	-
3.	Total Inspections carried out including re-inspections	79	1233	540	1852	46
4.	No. of properties inspected in Section II which were found to be infested by:-					
	(a) Rats Major	-	-	-	-	-
	(a) Rats Minor	7	88	26	121	-
	(b) Mice Major	-	-	-	-	-
	(b) Mice Minor	-	103	22	125	-
5.	Number of infested properties treated by the Local Authority	7	156	38	201	1
6.	Total treatments carried out including re-treatments	17	156	38	211	1
7.	Number of Notices served under Section 4					
	(1) Treatment	-	-	-	-	-
	(2) Structural works (i.e. proofing)	-	-	-	-	-
8.	Number of "Block" Control schemes carried out	4	-	-	4	-

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

PART 1 OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written notices (4)	Number of Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2, 3,4 and 6 are to be enforced by Local Authorities	20	-	-	-
(ii) Factories not included in(i) in which Section 7 is enforced by the Local Authority	200	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	17	-	-	-
Total	237	-	-	-

2 - Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases).

Particulars (1)	Number of cases in which defects were found: Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	Number of cases in which prosecutions were instituted (6)
Want of cleanliness (S.1)	1	1	-	1	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate Ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) (a) Insufficient	-	-	-	-	-
(b) Unsuitable or Defective	5	4	-	5	-
(C) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)					
Total	6	5	-	6	-

3 - OUTWORKERS.16 workers were registered, 11 of whom made wearing apparel, and 5 worked on rubber products.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The first stage of our work under this Act dealt with the registration of premises affected by it. This should have been done voluntarily by the occupiers of shops or offices before 1st August, 1964. By that date we had received 251 registration forms. It was obvious that there should be more, and in order to find the true position a survey was made of shops, offices, etc. not already registered, 751 visits being made for this purpose. Registration forms were left where the premises required to be registered. Most of these have been returned, the total of registered premises at the end of December, 1964, being 385, leaving only a few still to be registered.

Then followed the second stage, the detailed inspection of shops, offices, etc. to discover what was required to comply with the provisions of the Act. Eleven premises were inspected, and where appropriate, letters sent to the owners or occupiers setting out what was required in the premises concerned.

A total of 815 visits for all purposes have been made during 1964.

Table A. Registrations and General Inspections

Class of Premises	No. of Premises Registered during the year	No. of Premises receiving General Inspection
Offices	69	2
Retail Shops	301	9
Wholesale shops, warehouses	6	-
Catering Establishments, Canteens	7	-
Fuel Storage Depots	2	-

Table B. No. of visits of all kinds by Inspectors to Registered Premises - 650.

Table C. Analysis of Persons Employed

Class of Workplace	Number of Persons Employed
Offices	496
Retail Shops	823
Wholesale Departments, warehouses	142
Catering Establishments open to the public	272
Canteens	6
Fuel Storage Depots	8
Total	1,747
Total Males	735
Total Females	1,012

No exemptions were applied for during the year, and no prosecutions were instituted.

One non-fatal accident - in a retail shop - was reported. After investigation advice was given on steps to prevent a repetition of the accident and it was decided that no further action be taken.

Analysis of Contraventions Found

Contraventions in respect of	Found
Sect. 4 - Cleanliness	14
Sect. 5 - Overcrowding	1
Sect. 6 - Temperature	10
Sect. 7 - Ventilation	4
Sect. 8 - Lighting	4
Sect. 9 - Sanitary Conveniences	15
Sect.10 - Washing Facilities	2
Sect.13 - Sitting Facilities	1
Sect.15 - Eating Facilities	3
Sect.16 - Floors, Passages, Stairs	14
Sect.24 - First Aid - General Provisions	7
	75

Shops - Hours of Closing

No complaints of trading outside permitted hours were received during the year.

DISEASES OF ANIMALS ACTS

Fowl Pest

A Fowl Pest Order covering the whole of Cheshire was made in January, 1964. In March the Order was amended but it still included Hyde, and it was not revoked until June. During this period, two licences were issued and 29 licences received.

Swine Fever

Hyde was included in a Swine Fever Infected Areas Special Order in September and October, 1964. One case of swine fever occurred in the borough.

In addition to the many licences received concerning movement of pigs to Wall's slaughterhouse, 40 applications for licences and 27 licences reporting movement of pigs were received and the necessary visits and inspections made.

REFUSE COLLECTION

A regular weekly collection of domestic refuse was again maintained, apart from short periods around holidays. This is undoubtedly largely due to the Bin Incentive Bonus Scheme which we have operated since February, 1952. The binmen are required to complete a basic task of 120 bins per man per day, and a bonus of 3d. paid for every bin in excess of that figure.

	1964
Total Ashbins emptied	763,546
No. of loads of refuse collected	6,409
Estimated weight of refuse collected	15,822 tons

REFUSE DISPOSAL

Refuse was disposed of by controlled tipping at Raglan Street. This site is only expected to last two years, after which we shall move to the Dunkirk Farm site, the purchase of which has now been completed.

SALVAGE

The following are the quantities of salvage material sold during 1964:-

	tons.	cwts.	qrs
Waste Paper	172	9	3
Bottles	5	4	2
Textiles	3	11	2
Metals		10	-
	181	15	3

Services administered by the Hyde and Longdendale Divisional Health Committee through powers delegated by the County Council.

CARE OF MOTHERS AND YOUNG CHILDREN

Central Clinic and Divisional Health Office

Construction of the new building commenced officially on the 12th October, 1964, and completion is scheduled for March, 1966.

Other Clinics

Due to development at Hattersley and Gee Cross it became necessary to open Child Welfare Clinics in these areas. The Clinic at Gee Cross commenced operations on 22nd June and is open each Monday afternoon from 2p.m. to 4p.m. With the commencement of this service the Monday afternoon Clinic previously held at Parsonage Street was discontinued and experience has shown that the venture has been a success and is proving to be a great convenience to mothers residing in the area.

The Clinic at Hattersley opened on 10th September and operates each Thursday from 1.30 - 3.30p.m. In the temporary absence of County-owned accommodation on this estate the clinic is held on Dr. MacPherson's premises but when County property or other suitable accommodation becomes available the Clinic will transfer to such building.

At each of the clinics, with the exception of Hattersley, there is a Voluntary Committee of ladies who assist with clerical work, weighing of babies and in some cases the selling of welfare and proprietary foods. In so doing they relieve the Health Visitor of much routine work thereby enabling her to devote more time to individual mothers. The services of these Voluntary Committees are greatly appreciated in Hyde, Longdendale and Tintwistle.

The Clinics administered by the Divisional Committee and the attendances thereat are as under:-

TABLE I (a) Infant Welfare	No. of Sessions	New Cases	Total Attendances	Examined by doctor	Average Attendances 1964	Average Attendances Previous 5 years
Hyde(Parsonage Street)	73	263	4,877	553	67	53
Hyde(Bayley Hall)	101	241	3,711	898	37	41
Hyde(Stockport Road)	26	77	1,510	197	58	-
Hyde(Hattersley)	16	73	403	74	25	-
Hollingworth	24	53	1,158	196	48	48
Tintwistle	24	31	739	107	31	29
Broadbottom	24	34	704	205	29	29

Ante-natal classes are held at certain clinics for mothers who are expected to be confined at home, and attendances are summarised in Table I(b). The number of expectant mothers seen at these clinics has risen from 44 in 1951 to 306 in 1964, and almost every mother who has her baby at home is now being seen. This, together with alternating visits to her family doctor, forms the basis of good ante-natal care. The services during this time have improved, especially at Parsonage Street. Routine blood specimens are taken; relaxation classes are held, and informal talks are given at the same time and good-will and co-operation

with family doctors is well established.

(b) Mothers	No. of Sessions	New Cases	Total Attend-ances	Examined by Doctor	Average Attendances 1964
Ante-natal(Domiciliary Cases)	49	306	938	938	19
Ante-natal(Relaxation Classes)	49	160	1,090	--	22
Ante-natal(Hattersley)	12	21	120	123	10
Dental (ante-natal)	-	19	43	-	-
Dental(post-natal)	-	17	41	-	-

HYDE -PARSONAGE STREET

In addition to services run by the County Council these premises are used daily for Physiotherapy treatment under the administration of the Hyde Orthopaedic After-Care Committee. There is also an ante-natal clinic for mothers who are to have their babies in hospital which is attended by a Consultant Obstetrician and Staff from the Aspland Maternity Home. Sessions are held as follows:-

Monday (2-4p.m.) (Discontinued after 15th June, 1964).	Child Welfare Clinic at which a Medical Officer and Health Visitor attend.
Monday (1st & 3rd) (2-4p.m.)	Toddlers' Clinic - by appointment.
Tuesday (1st & 3rd) (10a.m. - 12 noon)	Clinic for testing hearing of toddlers. This is conducted by a specially trained Health Visitor.
Wednesday (2 - 4p.m.)	Child Welfare Clinic attended by a Medical Officer and two Health Visitors.
Thursday (2 - 4p.m.)	Ante-natal Clinic for cases who wish to be confined at home. A Medical Officer, Health Visitor, and Domiciliary Midwife attend and relaxation classes are conducted by Physiotherapists.

HYDE - BAYLEY HALL

Monday (2nd and 4th) (2 - 4p.m.)	Clinic for testing hearing of toddlers. This is conducted by a specially trained Health Visitor.
Tuesday (2 - 4p.m.)	Child Welfare Clinic attended by a Medical Officer and Health Visitor.
Friday (2-4p.m.)	Child Welfare Clinic attended by a Medical Officer and Health Visitor.

HYDE - GEE CROSS

Monday (2 - 4p.m.) — Child Welfare Clinic at which a Medical Officer and Health Visitor attend.

HYDE - HATTERSLEY

Thursday (1.30 - 3.30p.m.) — Child Welfare Clinic at which a General Practitioner and a Health Visitor attend.

HOLLINGWORTH

Sessions are held at Wedneshough Green Clinic as follows:-

Tuesday (2 - 4p.m.) — Ante-natal Clinic at which a Health Visitor and Midwife attend.

Thursday (1st & 3rd) (2 - 4p.m.) — Child Welfare Clinic at which a general practitioner and Health Visitor attend.

Tuesday (2 - 4p.m.) — Minor Ailment Clinic at which a Health Visitor attends.

A Medical Officer attends monthly at an immunisation clinic.

BROADBOTTOM

A Child Welfare Clinic is held at the Methodist Church School on the first and third Wednesday of each month and a general practitioner and a Health Visitor are in attendance.

TINTWISTLE

A general practitioner and Health Visitor attend the Child Welfare Clinic which is held in Christ Church School on the second and fourth Thursday of each month.

GENERAL

From the above clinics children under 5 may be referred for opinion or treatment to special clinics. Ophthalmic and Dental cases are dealt with at the School Clinic; Orthopaedic and Ultra Violet Ray Clinics are held at the Physiotherapy Centre, Parsonage Street. Hearing tests of infants are carried out by Health Visitors specially experienced in the methods used.

Details are given in Table II below.

TABLE II	New Cases	Total Attendances	Professional Consultations
Orthopaedic.....	82	388	299
Ultra Violet Ray-Children..	68	560	43
Ophthalmic.....	2	7	9
Dental - Children.....	56	79	56
Hearing - Children.....	178	183	-

SALE OF WELFARE AND PROPRIETARY FOODS

National Welfare Foods

National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin Tablets are issued from the Divisional Office and from each of the Child Welfare Clinics. Table IIIa gives particulars of the issues during the year.

TABLE III(a)

National Dried Milk -	3,508	tins at 2/4d. each... ...	...£409. 5. 4.
National Dried Milk -	1,513	" at 4/-d. "	...£302.12. 0.
National Dried Milk -	53	" free	... -
Orange Juice -	6,996	bottles at 1/6d. each ...	...£524.14. 0.
Orange Juice -	183	" free	... -
Cod Liver Oil -	607	" at 1/-d. each... ...	...£30. 7. 0.
Cod Liver Oil -	73	free	... -
Vitamin A & D -	772	packets at 6d. each ...	...£ 19. 6. 0.
Vitamin A & D -	-	free	... -

Proprietary Foods

Certain infant foods, mainly milk and cereal products are available at the Infant Welfare Centres and particulars of sales at Hyde are given in table III(b). At other clinics the sale of proprietary foods is controlled entirely by the Voluntary Committees and details of sales are not available. Supplies for the Voluntary Committees in Longdendale and Tintwistle are now received into the food store at the Divisional Office and distributed to those Centres as required.

TABLE III(b)

	Total Sales £ s. d.
Parsonage Street...	870. 7.11.
Bayley Hall	810.16. 8.
Gee Cross(from 22nd June, 1964)	388.13. 4.
Hattersley(from 10th September,1964) ...	39.12. 8.
Total...	£2,109.10. 7.

HEALTH VISITORS

During 1964 four Health Visitors were employed on full time duties in the Borough of Hyde and one Health Visitor was employed in the Longdendale and Tintwistle districts. It was hoped that with the advent of Hattersley Overspill and the increase in population generally an additional Health Visitor would have been appointed during the year but due to staffing difficulties this appointment did not materialise, although

it is now believed that an extra Health Visitor will be commencing duty in the Division early in 1965.

The duties of the Health Visitor include the visiting of families with children under 5. She advises the parents on general health, matters affecting the family and on the mental, physical and emotional health of children including advice on parent-craft and house-hold management where necessary. Apart from the routine first visit to new born babies further visiting is of necessity selective.

The Health Visitors attend the Child Welfare and Ante-natal Clinics and in conjunction with the Midwives give advice and talks on health education and mother-craft. An increasing amount of time is taken up in visiting the aged and in many instances the Health Visitor has co-operated with voluntary organisations and the family doctor in an endeavour to keep old persons healthy in their own homes as long as possible.

In her general role of family visitor she is often the first person to observe the onset of physical or mental stress and can arrange help either through statutory or voluntary services at an early stage.

In September, 1964, Mrs. M. Sherratt, who had been employed as part-time clinic nurse. left the Department to take a course in Health Visiting and it is hoped that Mrs. Sherratt will be returning to the Division as a qualified Health Visitor.

TABLE IV

Numbers and Types of Visits to Homes

	Mothers Ante-Natal	Under 1 year	Children 1 - 5 years	School	Re Home Helps	T.B.	Mental Cases	After-Care
Hyde	253	2,637	4,214	335	19	127	-	468
Longdendale and Tintwistle	150	805	1,495	92	23	34	13	909
Total 1964	403	3,442	5,709	427	42	161	13	1,377
Total 1963	354	3,309	5,465	328	33	172	13	1,507

The total number of visits during the year was 12,453, as against 11,893 in 1963.

The majority of Health Visitors possess motor cars and travelling expenses are paid by the County Council under the Essential Car User Scheme.

DISTRICT NURSING

We now have six full-time District Nurses employed throughout the Division; one male and five female, and these are assisted by part-time staff when necessary. One of these nurses commenced duty in December, 1964, on Hattersley, and the male nurse is employed also in the Stalybridge and Dukinfield Division.

This service is, of course, administered by the County Council but general practitioners are authorised to call directly on the service

3) Vaccination against Poliomyelitis

Routine vaccination of infants continued satisfactorily throughout the year.

The oral vaccine is now used exclusively in the clinics. Certain practitioners still make use of the Salk-type vaccine given either with the triple antigen in the form of Quadrilin or as a separate course of injections. The decision of these doctors to continue using the older type of polio vaccine is one for them to make and does not mean that thair patients are being denied adequate protection, in as much as the Salk-type vaccine still provides useful immunity. However, the consensus of opinion is in favour of the extra protection provided by the oral vaccine.

Quadrilin has been used by some practitioners purely because of the added convenience to themselves and their patients, in that only three visits are needed for the course instead of the six required under the present scheme of giving triple antigen first, followed by the oral vaccine later. It is hoped that in the near future the oral polio vaccine will be given at the same time as the triple antigen, thus halving the number of visits needed.

No cases of Poliomyelitis occurred in the Hyde Division during 1964 and the national number was the lowest on record, 50.
This tremendouse drop is entirely due to the use of polio vaccination and its continued use must be maintained. It is painless and even pleasant to take and provokes not the slightest reaction, therefore, no child should be denied the protection it gives.

The following tables show the numbers of doses given since the beginning of the campaign in 1956:-

Year	Total Doses Given
1956	2,138
1957	2,332
1958	9,048
1959	8,866
1960	4,077
1961	6,586
1962	3,608
1963	2,164

Doses given in 1964	Salk	Oral	Quadrilin
First dose	21	432	112
Second "	21	440	112
Third "	18	444	112
Fourth "	3	163	40
	63	1,479	376 (Total 1,918)

4) Vaccination against Tuberculosis

B.C.G. Vaccination is carried out by Medical Officers of the Division and to a small extent at hospitals which are beginning to offer vaccination as a routine for new born babies. The procedure involves a pre-vaccination test in order to pick out those children who are immune to Tuberculosis because of previous contact. As the amount of Tuberculosis in the community declines so the numbers of immune children are declining with the consequent increase in the numbers having to be vaccinated with B.C.G.

In certain cases some of the children found to have a severe reaction to the pre-vaccination test require a chest X-ray to eliminate the possibility of a recent Tuberculous infection. This service is arranged with the kind co-operation of Ashton Chest Clinic.

The following table gives the position during 1964:-

Number of children given pre-vaccination skin tests.....193

Tests carried out revealed that (a)18 were immune to T.B.
(b)175 were susceptible to T.B. and these were vaccinated with B.C.G.

CARE AND AFTER CARE

Tuberculosis

Throughout the country as a whole the decline in the incidence of tuberculosis continues although this is not reflected in the number of cases in Hyde, as during the year the number on our Register increased by almost exactly 25%.

This very considerable increase was occasioned mainly by the continued flow of tuberculous patients on to the Hattersley estate, although some new cases were detected by the Mass Miniature Radiography Unit which visited the district in May and June, 1964. The majority of the "transfers" have already completed their treatment and are quiescent cases and not infectious.

The transfer from Manchester of persons suffering from tuberculosis has not, as yet, had any effect on the number on the Longdendale Register but I have no doubt that as the estate progresses so, too, will the registered cases increase.

During the year the state of the Hyde Register was:-

	Pulmonary		Non-Pulmonary		
	Males	Females	Males	Females	Total
At 1st January, 1964	60	35	5	6	106
At 31st December, 1964 the position was:-	76	44	5	7	132
Nett. increase during the year, therefore, being	16	9	-	1	26

It will be appreciated, of course, that there are numerous amendments to the Register in the course of a year and I do not propose to enumerate each individual occurrence but the number of Hattersley residents on the Register at the end of the year was:-

	Pulmonary		Non-Pulmonary		
	Males	Females	Males	Females	Total
Up to 15 years	1	1	-	-	2
16 - 45	8	10	-	3	21
46 - 65	8	3	-	-	11
66+	-	-	-	1	1
Totals -	17	14	-	4	35

Other cases on the Register at 31st December, 1964 mainly indigenous:-

	Pulmonary		Non -Pulmonary		
	Males	Females	Males	Females	Total
Age Group					
Up to 15	1	2	-	2	5
16 - 45	24	22	3	-	49
46 - 65	30	5	2	1	38
66+	4	1	-	-	5
	59	30	5	3	97

The total numbers recorded in the Tuberculosis Registers in the Division at 31st December, were:-

	Pulmonary		Non-Pulmonary		
	Males	Females	Males	Females	Total
Hyde	76(60)	44 (35)	5(5)	7 (6)	132 (106)
Longdendale	8(10)	4 (5)	3(3)	1 (1)	16 (19)
Tintwistle	-(1)	- (-)	1(-)	- (-)	1 (1)
	84(71)	48 (40)	9(8)	8 (7)	149 (126)

(1963 totals are shown in brackets)

The Supply of Nursing Requisites, etc.

The issue of nursing requisites, on loan to patients nursed in their own homes continued throughout the year. These articles are stored partly in this office and partly by the District Nurses in their own homes, although, in the case of larger items of equipment, these are issued from the Divisional Office. In addition there are some items at Hollingworth Clinic and one small store is kept in a private house in Broadbottom for which a rental of 10/-d. per annum is paid to the house-holder.

The following aids were issued during the year:-

Bed Pole and Chain	1	Commode	1
Walking Aid	1	Air-rings and Cushions	26
Wheel Chairs	16	Hoist	1
Back Rests	13	Rubber Sheets	29
Feeding Cups	8	Bed-pans	49
Enuresis Alarm	3	Beds	-
Pillows	2	Urinals	18
Breast Pumps	1	Mattress	-
		Crutches	6

Once again, through the generosity of residents in the Division, it was possible to provide a number of needy families with many items of furniture and equipment including, beds, wardrobes, dressing tables, dining tables, and chairs, cookers, etc. These are greatly appreciated by recipients and the number of items received for distribution appears to be increasing.

In addition to this source of supply the W.V.S. have organised a similar service and have co-operated at all times in making this a worth-while venture. The W.V.S. have been able to expand this branch of their activities by the action of a local firm in granting them the sole use of a warehouse for the purpose of storing furniture etc. prior to distribution.

There is excellent co-operation between the W.V.S. and the Divisional Health Department and many articles given to the Department are in fact stored in the same warehouse on the understanding that in case of need, either party may distribute any goods which were originally given to the other.

Convalescent Treatment

The Divisional Health Committee is not responsible for sending patients to convalescent homes where it is really an extension of hospital treatment. The cases normally accommodated are people who require a rest and change of air following illness treated at home, or other circumstances in the home necessitating a period of complete rest and a change of environment.

During the year accommodation was arranged for 8 adults and 12 children. The cost incurred during the year was £194.18s.10d. Adults in receipt of National Assistance and children of school age are accommodated free of charge.

Chiropody

As the Committee are now well aware the Chiropody Service ~~is~~ available to persons of pensionable age and certain handicapped people. Treatment is provided free to patients whose income calls below a given figure and over 90% of the cases are receiving free treatment.

Patients may go to the Chiropodist of choice provided the Chiropodist has such qualifications as entitle him to be on the approved list of the Cheshire County Council. The patients are enabled to have an initial course of six treatments at monthly intervals, and thereafter to have six treatments every year. In certain very exceptional cases, more frequent treatment may be obtained if authorised by the Divisional Medical Officer.

Details as to the number of persons receiving treatment under the County Scheme at 31st December, 1964, are summarised in the following table:-

Males					Females					
Home		Surgery		Total	Home		Surgery		Total	Grand total
Free	Reduced cost	Free	Reduced cost		Free	Reduced cost	Free	Reduced cost		
46	7	74	9	136	317	22	416	38	793	929

In view of this it would seem appropriate to mention that in last year's Report I referred to the estimate of need suggested by the National Corporation for Old People, viz:900. The population of this Division has, of course increased considerably since the advent of Hattersley and this will mean that for the next few years the number of persons receiving financial assistance in connection with this service will continue to increase.

I need hardly say that this service is greatly appreciated by elderly people and many of them are again enjoying the ability to walk around much more comfortably than they have for some time.

HANDICAPPED PERSONS

Under Section 29 of the National Assistance Act, 1948, the County Council provides Welfare Services for Handicapped Persons and a scheme under this heading has been made the responsibility of the County Health Committee.

In addition to the services rendered by Nurses, Health Visitors and Home Helps the following aids were provided for handicapped persons during 1964.

Bath safety rails..... 4 Handrail on stairs..... 1
Wooden ramp..... 1 Handrails in bathroom..... 1

Much of the work for handicapped persons in the Division is carried out by voluntary associations who receive grants from the County Council. The Blind Welfare Society at Ashton-under-Lyne and the Ashton Institute for the Deaf carry out much work in the Division. The Manchester Cripples' Help Society has a club which meets weekly, on Tuesdays, at the P.S.A. Hall. This Society also provides visitors for handicapped people, some of these visitors being trained to give occupational therapy.

Car badges used by handicapped persons were renewed as necessary.

This service continued as a most valuable aid in the maintenance of sick and aged people in their own homes. In addition some help was given to mothers having their babies in their own homes.

The work of the Domestic Helps is administered by a Supervisor who works equally in this Division and at Stalybridge and Dukinfield. The Supervisor also visits new applicants for Domestic Help in order to assess their respective needs. During 1964 domestic assistance was provided as below.

	No. of Cases
Persons aged 65 years or over on first visit in 1964.....	221
Aged under 65 on first visit in 1964 .	
(i) Chronic sick and tuberculous....	15
(ii) Mentally disordered.....	4
(iii) Maternity.....	12
(iv) Others.....	2
	254

All the Domestic Helps are employed as temporary staff; the total number of hours worked being 27,092.

During 1964 the Supervisor paid the following visits:-

Initial visits to new applicants.....	166
Check visits.....	318
Re-visits.....	44
Recruitment visits.....	49
Other visits.....	454
	1,031

Varying charges for Help are made according to the income of the household. The charges now range from 3d. to 4/3d. per hour.

The total amount charged to patients for help provided during 1964 was £1,032. 3s. 4d. Arrangements can be approved by the Divisional Health Committee whereby the cost of a Domestic Help can be recovered in the future from the estate of an aged person.

The number of hours provided in the Hyde Division, though given entirely by part-time workers, is the equivalent to the output of twelve whole-time home helps. For purposes of comparison with other areas this figure of twelve whole-time staff is 0.30 home helps per thousand of our population. The table that follows gives comparative figures for other areas in our region.

Area	31.3.1962	31.3.1967 (planned)
Blackpool	0.51	0.98
Blackburn	0.42	0.53
Lancashire C.C.	0.79	0.91
Bolton	0.68	0.77
Salford	0.75	1.37
Oldham	1.00	1.64
Manchester	0.35	0.59
Cheshire C.C.	0.29	0.32

0.30 Home Helps per thousand seems low when compared with those areas where the figure may be 2 - 5 times as great, but it is on a par with the average figure for the County of Cheshire as a whole. As more efforts are made to maintain the aged and handicapped in their own homes, and as the length of stay of maternity cases in hospital gets shorter and shorter, I have no doubt that the need for home helps in our area will greatly increase.

CARE OF THE AGED

The majority of elderly people in this Division, when the time comes that they are unable to look after themselves, receive great help from the services of the Health Visitor, Domestic Help, District Nurse, or Chiropodist. In addition the Meals on Wheels Service administered by the Women's Voluntary Service in the area, provides a hot meal on one or two days a week for a large number of people. Provision of accommodation in hospital or old people's home is insufficient particularly during the winter, and again the Division can usually provide services during the waiting period for such accommodation.

Pole Bank Hall and Bowlacre

During the year visits of inspection were made to these two old peoples' homes run by the Borough of Hyde Welfare Committee. At Bowlacre there is accommodation for 42 elderly people, and at Pole Bank Hall accommodation for 40 women. The Homes proved most satisfactory and provided a most useful service for the old people of Hyde.

County Council Welfare Homes

There are several homes throughout the County administered by the County Welfare Committee. The preliminary investigation as to the need and suitability for such accommodation is commonly made by the Health Visitors in the Division. During the year 38 cases were referred to the County Welfare Department through the Divisional Office, and 19 were referred by other people, for example by the patient's general practitioner.

MENTAL HEALTH

During the year the Senior Mental Welfare Officer and members of his staff have investigated and dealt with many cases referred to them for various reasons. Details of action taken and disposal of cases are given below.

	Male	Female	Total
Patients admitted to hospital informally for Psychiatric treatment under Sec. 5, Mental Health Act, 1959	19	32	51
Cases dealt with under Sec. 29 Mental Health Act, 1959, i.e. admitted to Hospital as a matter of urgency	2	2	4
Cases dealt with under Sec. 25, Mental Health Act, 1959, i.e. admitted to hospital for a period of 28 days for observation	18	16	34
Cases dealt with under Sec. 26 Mental Health Act, 1959,i.e. admitted to hospital for extended treatment	3	-	3
Cases dealt with under Sec. 40, Mental Health Act, 1959, i.e. returned to hospital after absconding	8	4	12
	50	54	104

In addition to the above, the following cases also were dealt with under the Mental Health and allied acts.

23 male and 30 female patients were treated at Out-patient Clinics during the year, thus obviating the necessity for their admittance to hospital.

In the case of 8 male and 10 female cases, information was laid to the Mental Welfare Officer, but after investigation of the circumstances no further action was taken under the Mental Health Act.

The Mental Welfare Officer visited 404 cases in their homes within the District, with the Consultant Psychiatrist, with a view to deciding the best form of treatment to be afforded to the patient.

1 male patient was referred to the Geriatrician for admission to chronic sick bed.

1 female patient was referred to the County Welfare Department for admission to residential accommodation.

2 female patients were admitted into Ashton General Hospital on a day basis.

4 male and 2 female patients were referred to other Agencies not enumerated above, - i.e. Ministry of Labour - Remploy.

8 subnormal patients were admitted into Hospital for periods of short term care, to relieve the parents of the responsibility for a short while.

4 male and 2 female patients (subnormal) have been admitted into permanent care.

The Mental Welfare Officer arranged attendance of 2 female subnormal patients to the Hyde Adult Training Centre.

After-care of patients discharged from Hospital within the District has been carried out throughout the year and 911 visits have been made for the whole of the District.

Domiciliary supervision of sub-normal and severely sub-normal patients has been carried out within the District.

217 patients have been conveyed to out-patient clinics for consultation with the Consultant Psychiatrist, or to receive treatment throughout the year, when necessary.

In September, 1964, they had the satisfaction of starting their own Youth Club for subnormal patients over the age of 16 years. At first there were doubts as to the success of this project as it will be appreciated that a great deal of public support would be required. The support was readily forthcoming and the Social Club has been very successful.

Meetings are held each Wednesday evening at the Adult Training Centre in Grange Road, Hyde.

TRAINING CENTRES

The two Centres have now completed their first complete calandar year's working and their existence has been more than justified: many of the trainees having benefited considerably as a result of their attendance, some, in fact having shown remarkable improvement.

Junior Centre

The number of trainees on the register varied between 48 and 50, nine of whom were "Special Care" cases.

During the year six were admitted to permanent care; one left the district two were transferred to the Adult Centres; eight were admitted for short stays only; and ten new entrants were enrolled. For a time

it was necessary for two children to attend by ambulance but as a result of special harness being provided one of these is now able to travel by coach.

The social and entertainment angles have not been overlooked; and during the year there were several "special" days e.g.

Visits to Chester Zoo	9th June
Open day for parents	8th July
Coffee evening for parents	19th November
Carol Service and Nativity Play	8th December
Christmas Party	15th December
Party at Astley Grammar School	17th December

Seven children, whose parents had given consent, attended the swimming baths each week accompanied by members of staff with beneficial results. One girl who was able to swim obtained a Junior Swimming Badge and two others managed to learn to swim.

A Gala was held on 16th December, arranged by Mrs. Hall, swimming instructor, when all trainees, both adult and junior attended.

A Harvest Service was held early in October when gifts of fruit and flowers were brought by the children. After the Service some of the children took the gifts to Hyde Hospital and were fortunate enough to be allowed into the wards in order to hand over the fruit and flowers for the old people.

The Staff of the Junior Centre consists of -

1 Supervisor
4 Assistants (including two in "Special Care" Unit)
1 Meals Assistant
1 Cleaner

Adult Centre

The number of trainees on the register rose from 29 in January 1964 to 61 in December, 1964.

Eight trainees attended the swimming baths each week and, of the total attending during the season, eight were taught to swim, each trainee gaining the award that would be received by a normal boy or girl attending school. The co-operation of the employees at the Baths and the instructors, was much appreciated. The trainees, of course, attended the Gala referred to in the report of the Junior Centre notes, and greatly enjoyed the event.

The scope of the Centre increased during the year and the following list will give the Committee some idea of the type of work undertaken:-

Contract Work

Folding of several thousand parchments for use as greeting card display folders.
Turning glove linings (approximately 150 dozen pairs per day)
Assembling small electrical components.

Own Products

Nytrim bags
Cord seated stools
Nylon pan scrubs
Collapsible clothes props
Rubber link-mats
Wash leathers
Foam-rubber covered coat hangers
Chopping and bundling firewood.

The Housecraft Unit was equipped and brought gradually into use. As the number of trainees increases it is anticipated that the staff also will increase and more use will be made of this Unit.

The youth club is held each Wednesday evening and the assistance rendered by many people e.g., use of private cars etc., is greatly appreciated by all concerned.

On the 23rd December the trainees had a special treat at the Centre - A Christmas Dinner was followed by entertainment in the form of a professional conjuror and a film show.

The Rotary Club again assisted with transport and also at the Christmas Party at the Junior Centre and the members of the Club, and others who have assisted in many ways during the year, are to be congratulated on their public spirited action.

The Staff at the Adult Centre consists of -

1 Superintendent
1 Deputy Superintendent (female)
2 Instructors (male)
1 " (female)
1 Cook
1 Canteen Assistant
2 Cleaners - part-time (female)

MISCELLANEOUS

1) Health Education

Appropriate posters and film strips have been displayed at each of the Clinics. It is believed that a 16 m.m. film projector will be provided for the Division in 1965 and this will increase the scope considerably.

2) Day Nurseries

Inspections have been made of the Day Nursery at Ashton Brothers, Carrfield Mills, Hyde. This Nursery is registered to have 56 children and has proved satisfactory in all respects.

SCHOOL CHILDREN - MEDICAL EXAMINATION

The following particulars relate to various aspects of the examination of school children and give only those which are of a general character:-

No. on Registers on 31st December, 1964:

Seniors	1951	
Juniors & Infants	3353	5304

MEDICAL EXAMINATION AT SCHOOLS

No. examined	811
No. requiring treatment	83

SCHOOL CLINIC

Sessions	January - June 1964	43
New Cases		202
Attendances		314
* Doctors' Sessions	July - December 1964	24
* Cases		166

SPECIALIST CLINICS

	New Cases	Total Attendances
Ophthalmic	25	180
Speech Therapy	27	669
Orthopaedic	73	789
U.V.R.	50	619

DENTAL

Children examined	4157
Children requiring treatment	1858
Total Attendances	2109

CLEANLINESS INSPECTION AT SCHOOLS

Children examined	9792
Children found to be unclean	478

*Records maintained in this form in future